

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90167 047 ***150.00

DOCUMENT # P99000080225

1. Entity Name

PALM CONSTRUCTION COMPANY OF WEST FLORIDA

Principal Place of Business

**268 PHIL HARRIS DRIVE
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**268 PHIL HARRIS DRIVE
 DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

1167 Chat Holley Rd.

3. Mailing Address

P.O. Box 1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

4. FEI Number

59-3594264

Applied For

Not Applicable

Zip
32459

Country
Walton

Zip
32459

Country
Walton

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, CHARLES W

268 PHIL HARRIS DRIVE

DEFUNIAK SPRINGS FL 32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PT WILLIAMS, CHARLES W II**
 STREET ADDRESS **268 PHIL HARRIS DRIVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPS CHAMLEE, STEPHEN R**
 STREET ADDRESS **85 TRADEWINDS DRIVE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)