

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90126 045 \*\*\*150.00

DOCUMENT # P99000088131

1. Entity Name  
PALCOR LAND, INC.



Principal Place of Business  
XXXXXXXXXXXXXXXXXXXX  
223 SUNSET AVENUE  
PALM BEACH FL 33480  
XXXXXXXXXXXXXXXXXXXX

Mailing Address  
XXXXXXXXXXXXXXXXXXXX  
223 SUNSET AVENUE  
PALM BEACH FL 33480  
XXXXXXXXXXXXXXXXXXXX

11011506



2. Principal Place of Business  
c/o Huffman  
Suite, Apt. #, etc.  
350 Royal Palm Way #409

3. Mailing Address  
c/o Huffman  
Suite, Apt. #, etc.  
350 Royal Palm Way #409

☐ CHECK HERE IF MAKING CHANGES

Palm Beach, FL  
33480 USA  
Country

Palm Beach, FL  
33480 USA  
Country

4. FEI Number 65-0979355  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

7. Name and Address of New Registered Agent  
Name  
Huffman, Kent Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
350 Royal Palm Way  
Suite 409  
City Palm Beach FL 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 4/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PALADINO, VICTORIA 223 SUNSET AVE #200 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALADINO, DAVID C C/O HUFFMAN 223 SUNSET AV. #200 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VICTORIA PALADINO C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID PALADINO C/O HUFFMAN, 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 4/15/03 561-586-2751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)