

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 ar
Secretary of State

05-10-2000 90174 032 ***150.00

DOCUMENT # P99000098917
Entity Name
PALATE ABILITY, INC.

Principal Place of Business
NORTH HIGHLAND AVE.
GA 30306

Mailing Address
922-B NORTH HIGHLAND AVE.
ATLANTA GA 30306-3528

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Country
Country

Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2511295
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LARSON, JAMES E ESQ.
LARSON & LARSON, P.A., 11199 69TH ST. NORTH
LARGO FL 33773-5504

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

corporation is eligible to satisfy its Intangible
filing requirement and elects to do so.
(see criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	<input type="checkbox"/> Delete D BUCKLEY, SARAH E 922-B NORTH HIGHLAND AVE. ATLANTA GA 30306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete D WORSHAM, SUSAN ASHLEY 922-B NORTH HIGHLAND AVE. ATLANTA GA 30306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Worsham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/27/00 Daytime Phone # 404-892-0385

CR2E034 (9/99)