

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90002 021 \*\*\*160.00

**DOCUMENT # P99000103634**

1. Entity Name

**ROYAL PALM POOLS & SPAS, INC.**

Principal Place of Business

**8787 SOUTHSIDE BLVD  
SUITE 5812  
JACKSONVILLE FL 32256-3524**

Mailing Address

**8787 SOUTHSIDE BLVD  
SUITE 5812  
JACKSONVILLE FL 32256-3524**

2. Principal Place of Business

**104 LAUREL WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**104 LAUREL WAY**  
Suite, Apt. #, etc.

City & State

**PONTE VEDRO BEACH / FL**

City & State

**PONTE VEDRO BEACH / FL**

4. FEI Number

**59-3610833**

Applied For

Not Applicable

Zip

Country

**32082-3911**

**USA**

Zip

Country

**32082-3911**

**USA**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PALKOWSKI CHRIS B  
8787 SOUTHSIDE BLVD  
SUITE 5812  
JACKSONVILLE FL 32256-3524**

7. Name and Address of New Registered Agent

Name  
**CHRIS B. PALKOWITZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**104 LAUREL WAY**  
City  
**PONTE VEDRO** FL Zip Code  
**32082-3911**

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 **Chris B. Palkowitz**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-2002**

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	<b>PALKOWITSH, CHRIS B</b>	
STREET ADDRESS	<b>8787 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256-3524</b>	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	<b>WILKISON, MARILYN J</b>	
STREET ADDRESS	<b>365 SHARPE LANE</b>	
CITY-ST-ZIP	<b>ALPHRETTA GA 30022-4851</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRIS B. PALKOWITSH</b>	
STREET ADDRESS	<b>104 LAUREL WAY</b>	
CITY-ST-ZIP	<b>PONTE VEDRO BEACH / FL 32082-3911</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Chris B. Palkowitz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-2002**  
Date

**904-543-2456**  
Daytime Phone #

CR2E034 (9/01)