

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104635

1. Entity Name

PALM BEACH CUSTOM HOMES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90192 037 ***150.00

Principal Place of Business

Mailing Address

C/O NANCY E. CROWN. P.A.
7301 WEST PALMETTO PARK ROAD #104-B
BOCA RATON FL 33433

C/O NANCY E. CROWN. P.A.
7301 WEST PALMETTO PARK ROAD #104-B
BOCA RATON FL 33433

2. Principal Place of Business

3271 SW River End Way
Suite, Apt. #, etc.

3. Mailing Address

3135 SW River End Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

Zip

34990

Country

USA

City & State

Palm City FL

Zip

34990

Country

USA

4. FEI Number

65-0965722

Applied For

Not Applicable

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

CROWN, NANCY E ESQ.
7301 WEST PALMETTO PARK ROAD
SUITE 104-B
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CALDERONE, DOMENICK
CITY-ST-ZIP C/O 7301 WEST PALMETTO PARK ROAD #104-B
BOCA RATON FL 33433

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

TITLE ☐ Delete
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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:

Domenick Calderone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

Daytime Phone #

CR2E034 (9/99)