2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90027 004 ***150.00

DOCUMENT # S13768

1. Entity Name

PALM FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
200 CELEBRATION PLACE SUITE 437 CELEBRATION FL 34747 US	500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0001 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc.
City & State	City & State BURBANK, CA
Zip / Country	Zip 91521-0586 / Country US

4. FEI Number 59-3039580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BUETTNER, ANNE L. 500 S. BUENA VISTA ST BURBANK CA 91521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KATHEDER, THOMAS 1375 BUENA VISTA DR. LAKE BUENA VISTA FL 91521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITVACK, SANFORD M. 500 S BUENA VISTA ST BURBANK CA 91521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD REED, MARSHA L 500 S BUENA VISTA ST BURBANK CA 91521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGUEL, GEORGE 1675 BUENA VISTA DRIVE ORLANDO FL 32830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGUEL, GEORGE 1675 BUENA VISTA DRIVE, #410 LAKE BUENA VISTA, FL 32830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GIBBS II, MATTHEW T 200 CELEBRATION PLACE CELEBRATION FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHULTZ, TERRI A. 200 CELEBRATION PLACE CELEBRATION, FL 34747	☐ Change ☒ Addition

CR2E034 (9/99)

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 REQUIRED MARSHA L. REED 4-6-00 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #