

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42730

1. Entity Name

PALM BEACH ACCOMMODATIONS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90115 031 ***150.00

Principal Place of Business

Mailing Address

38 E ATLANTIC AVE
PO BOX 3024
DELRAY BCH FL 33447
US

PO BOX 3024
DELRAY BEACH FL 33447-3024
US

2. Principal Place of Business

3. Mailing Address

1423 N. SWINTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3024

City & State

DELRAY BCH FL 33447

4. FEI Number

65-0254076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33447

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BARBARA MCM.

1111 E. ATLANTIC AVE.

DELRAY BEACH FL 33483

Name

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

1423 N. SWINTON AVE

City

FL

Zip Code

33444

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
STREET ADDRESS
CITY-ST-ZIP
PST
MARSHALL, JAMES F.
1423 N SWINTON AVE
DELRAY BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

James F. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 561 243 7946

CR2E034 (9/99)