

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62043

1. Entity Name

PALM CITY BUSINESS SERVICES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90047 018 ***150.00

Principal Place of Business 2796 S.W. MAPP RD. PALM CITY FL 34991	Mailing Address P.O. BOX 1845 PALM CITY FL 34991-6845 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0274003** ☐ Applied For
☐ Not Applied

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

6. Name and Address of Current Registered Agent LEISTMAN, BEVERLY J. 2942 SW WESTLAKE CIR PALM CITY FL 34990	7. Name and Address of New Registered Agent Name <u>BEVERLY J. BARTEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>2225 SW CREEKSIDE DR.</u> City <u>PALM CITY</u> FL <u>34990</u>
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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 Beverly Bartel (NOTE: Registered Agent signature required when reinstating) DATE 1/20/2000

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **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	P. LEISTMAN, BEVERLY J 2942 SW WESTLAKE CIR PALM CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BARTEL, BEVERLY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2225 SW CREEKSIDE DR. 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARICO, DAINE 2942 SW WESTLAKE CIR PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2225 SW CREEKSIDE DR 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beverly Bartel **REQUIRED** 1/20/2000 SB1-286-0251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #