

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90032 018 ***150.00

DOCUMENT # V25599

1. Entity Name

PALM STATE CONTRACTING, INC.

Principal Place of Business

**18542 DRAYTON ST.
 SPRING HILL FL 34610
 US**

Mailing Address

**18542 DRAYTON ST.
 SPRING HILL FL 34610
 US**

2. Principal Place of Business

**3260 Neff Lake Rd
 Suite, Apt. #, etc.**

3. Mailing Address

**3260 Neff Lake Rd
 Suite, Apt. #, etc.**

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

59-3115666

Applied For

Not Applicable

Zip

34602

Country

Hernando

Zip

34602

Country

Hernando

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HASELMAYER, THOMAS
 18542 DRAYTON ST.
 SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

Name

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

3260 Neff Lake Rd

City

Brooksville

FL

Zip Code

34602

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, 2001 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 ☐ Delete
 NAME **P SHAWN, KIPP**
 STREET ADDRESS **11155 CR 683D**
 CITY-ST-ZIP **WEBSTER FL 33597**

TITLE ☐ Delete
 NAME **V HASELMAYER, TOM**
 STREET ADDRESS **18542 DRAYTON ST.**
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3260 Neff Lake Rd**
 CITY-ST-ZIP **Brooksville, FL 34602**

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

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

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

TITLE ☐ Change ☐ 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:

Thomas Haselmayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 352-797-5545

Date Daytime Phone #

CR2E034 (10/00)