2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT #** V25609 1. Entity Name PALGER, INC. 05-02-2002 90003 047 ***150.00 Principal Place of Business Mailing Address 1463 GULF TO BAY BLVD 1463 GULF TO BAY BLVD C/O ANDRA DREYFUS C/O ANDRA DREYFUS **CLEARWATER FL 33755** CLEARWATER FL 33755 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3205140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREYFUS, ANDRA T Street Address (P.O. Box Number is Not Acceptable) 1463 GULF TO BAY BLVD CLEARWATER FL 33755 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete PTD TITLE X Change ☐ Addition PALERMO, VICTOR L NAME NAME Palermo, Victor L. 16-COUNTRY CLUB DRIVE STREET ADDRESS STREET ADDRESS 57 Widdicombe Hill Blvd., #407 CITY-ST-ZIP ISLINGTON ON CITY-ST-ZIP Toronto, Ontario, Canada TITLE Delete TITLE VSD K Change ☐ Addition GERTNER, KENNETH+ NAME NAME Gertner, Kenneth STREET ADDRESS 61-THE BRIDLE PATH STREET ADDRESS 55A Avenue Rd., Ste. 307 CITY-ST-ZIP NORTH YORK ON CITY-ST-ZIP Toronto, Ontario, Canada TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

'GNING OFFICER OR DIRECTOR