

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V32564**

1. Entity Name

PALM COURT DEVELOPMENT CORPORATION**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90303 050 ***150.00

Principal Place of Business 4301 32ND ST W #B-20 BRADENTON FL 34205 US	Mailing Address 4301 32ND ST W #B-20 BRADENTON FL 34205 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



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0329681	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORTON, PETER M. 4301 32ND ST W #B-20 BRADENTON FL 34205	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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	CONCOTTA, MICHAEL J.	NAME	
STREET ADDRESS	217 22ND STREET COURT NE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MORTON, PETER M.	NAME	
STREET ADDRESS	4301 32ND ST W #B-20	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE	PST	TITLE	
NAME	MORTON, PETER M.	NAME	
STREET ADDRESS	4301 32ND ST W #B-20	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/01 (941) 155-8693
Date Daytime Phone #

CR2E034 (10/00)