

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90213 038 ***150.00

0522155

DOCUMENT # V37557

1. Entity Name

PALMA CEIA MAINTENANCE CORPORATION

Principal Place of Business

4026 HENDERSON BLVD
 TAMPA FL 33629-4940
 US

Mailing Address

POST OFFICE BOX 10786
 TAMPA FL 33679-0786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3136088
593126088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, DANIEL F.
4026 HENDERSON BLVD.
TAMPA FL 33629

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, DANIEL F 4026 HENDERSON BLVD TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: Daniel F. Moore, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daniel F. Moore
 3/26/01

813-289-4200

Daytime Phone #

CP2E034 (10/00)

Document
#V3 7557

5/9/92

THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 06-15-92
NUMBER OF THIS NOTICE: CP 575 G
EMPLOYER IDENTIFICATION NUMBER: 59-3126088
FORM: TELE-TIN TAX PERIOD: 12
0716800759-B

FOR ASSISTANCE PLEASE
WRITE TO US AT:

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

BE SURE TO ATTACH THE
BOTTOM PART OF NOTICE

OR YOU MAY CALL US AT:

354-1760 LOCAL JACKSONVILLE
1-800-829-1040 OTHER FL

TAX FORMS YOU MUST FILE:

1120

CP 575 G

0716800759

have any questions so we may identify your account.
Please correct any errors in your name or address.

YOUR TELEPHONE NUMBER BEST TIME TO CALL
()

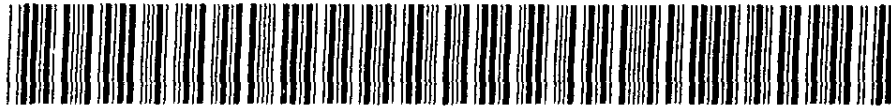
DATE OF THIS NOTICE: 06-15-92
EMPLOYER IDENTIFICATION NUMBER: 59-3126088
FORM NUMBER: TELE-TIN
TAX PERIOD: 12

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

PALMA CEIA MAINTENANCE CORPORATION
PO BOX 10786
TAMPA FL 33679

Document #
137557

51932



PALMA CEIA MAINTENANCE CORPORATION
4026 HENDERSON BLVD
TAMPA FL 33629-4940

2482



Package 1120S
0019S-13- 269683

Please use this label on the corporation's return



BK 59-3126088 DEC95 S07 8980 N
PALMA-CEIA-MAINTENANCE CORPORATION
4026 HENDERSON BLVD
TAMPA FL 33629-4940

IRS

Keep This Preaddressed Peel-Off Label With the Corporation's Tax Records. Give the label to the preparer of the corporation's return. It should be placed in the address area of Form 1120S. Make any necessary corrections on the label.