

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90157 044 ***150.00

DOCUMENT # P01000005547

1. Entity Name
PM CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

**1137 OAK ST.
 W. PALM BCH FL 33405**

**1137 OAK ST.
 W. PALM BCH FL 33405**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4791 VIA PALM LAKE

4791 VIA PALM LAKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1706

1706

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BCH, FL

4. FEI Number

05-1067183

Applied For

Not Applicable

33417

Country

USA

Zip

33417

Country

USA

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

**SPALDING, MEGAN J
 1137 OAK ST.
 W. PALM BCH FL 33405**

Name

MEGAN S. LEVIN

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

4791 VIA PALM LAKE #1706

WEST PALM BEACH

City

FL

Zip Code

33417

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 *Megan Levin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	LEVIN, PHILIP J	
STREET ADDRESS	1137 OAK ST.	
CITY-ST-ZIP	W. PALM BCH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPALDING, MEGAN J	
STREET ADDRESS	1137 OAK ST.	
CITY-ST-ZIP	W. PALM BCH: FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP J. LEVIN	
STREET ADDRESS	4791 VIA PALM LAKE #1706	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGAN S. LEVIN	
STREET ADDRESS	4791 VIA PALM LAKE #1706	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

561-688-5517

CR2E034 (9/01)