

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91539 026 ***550.00

00164938 AV

DOCUMENT # P01000020392

1. Entity Name
PM3, INC.

Principal Place of Business
**1100 MAIN STREET
 THE VILLAGES FL 32159**

Mailing Address
**1100 MAIN STREET
 THE VILLAGES FL 32159**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3723676

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**LITTLE, CRAIG W
 1100 MAIN STREET
 THE VILLAGES FL 32159**

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 _____ (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		H. Gary Morse	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		1100 Main St.	
CITY-ST-ZIP		THE VILLAGES, FL 32159	
TITLE	<input type="checkbox"/> Delete	VP MARK MORSE	<input checked="" type="checkbox"/> Addition
NAME		1100 MAIN ST.	
STREET ADDRESS		THE VILLAGES, FL 32159	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	T Jennifer Parr	<input checked="" type="checkbox"/> Addition
NAME		1100 MAIN ST.	
STREET ADDRESS		THE VILLAGES, FL 32159	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	S Steve Roy	<input checked="" type="checkbox"/> Addition
NAME		1100 MAIN ST.	
STREET ADDRESS		THE VILLAGES, FL 32159	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<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: H. Gary Morse H. Gary Morse 4-26-02 (352)753-2220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)