

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38072

1. Entity Name

PM & ASSOCIATES OF BREVARD, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90234 021 ***150.00

Principal Place of Business

1513 N. HARBOR CITY BLVD
 MELBOURNE FL 32935

Mailing Address

1513 N. HARBOR CITY BLVD
 MELBOURNE FL 32935-6572

2. Principal Place of Business

760 North Dr

3. Mailing Address

760 North Dr.

Suite Apt. #, etc.

Suite D

Suite Apt. #, etc.

Suite D

City & State

Melbourne, FL.

City & State

Melbourne, FL.

4. FEI Number

59-2158630

Applied For

Not Applicable

Zip

32934

Country

Brevard

Zip

32934

Country

Brevard

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD
 101 N. COURTENAY PKWY
 MERRITT ISLAND FL 32954

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	THELANDER, MICHAEL A.	
STREET ADDRESS	1513 N. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THELANDER, MICHAEL A. JR.	
STREET ADDRESS	1689 PALM RIDGE RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHOADS, ROBERT	
STREET ADDRESS	304 BROOKEDGE ST. N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THELANDER-MALLEO, PATRICIA	
STREET ADDRESS	3844 ST. ARMENS CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 321-655-3403
 Date Daytime Phone #