

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 361225

1. Entity Name

PMG INCORPORATED

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90047 044 \*\*\*150.00

80013107



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

305 SOUTH GADSDEN STREET  
TALLAHASSEE FL 32301-1811

305 SOUTH GADSDEN STREET  
TALLAHASSEE FLA 32301-1811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1321271

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

ERVIN, ROBERT M  
305 S GADSDEN ST  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VD	GREEN, PAUL MICHAEL	4140 NW 27TH LANE	GAINESVILLE FL				
PD	EVERHART, LEE A	916 IVANHOE RD	TALLAHASSEE FL				
SD	ERVIN, ROBERT M	305 S. GADSDEN ST.	TALLAHASSEE FL				

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

31 Jan 00

Date

Daytime Phone #