

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90021 050 ***150.00

0040571 AV

DOCUMENT # 361225

1. Entity Name
PMG INCORPORATED

Principal Place of Business
~~205 SOUTH GADSDEN STREET~~
TALLAHASSEE FL 32301-1811

Mailing Address
~~205 SOUTH GADSDEN STREET~~
TALLAHASSEE FL 32301-1811

223 South Gadsden St. 223 South Gadsden St.

2. Principal Place of Business

3. Mailing Address
223 South Gadsden St.

Suite, Apt. #, etc.
Tallahassee, FL

Suite, Apt. #, etc.
Tallahassee, FL

City & State
32301 U.S.

City & State
32301 U.S.

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
~~205 S GADSDEN ST~~ **223 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, 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 **VD** ☐ Delete
 NAME **GREEN, PAUL MICHAEL**
 STREET ADDRESS **4140 NW 27TH LANE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **EVERHART, LEE A**
 STREET ADDRESS **916 IVANHOE RD**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ERVIN, ROBERT M**
 STREET ADDRESS ~~205 S GADSDEN ST~~
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **223 S. Gadsden St.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

ROBERT M. ERVIN, Secretary/Director

1/22/01

Date

(850) 224-9135

Daytime Phone #

CR2E034 (9/01)