

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90299 030 ***150.00

DOCUMENT # 361225

1. Entity Name

PMG INCORPORATED



Principal Place of Business
**223 SOUTH GASDENN STREET
TALLAHASSEE FL 32301-1811**

Mailing Address
**223 SOUTH GASDENN STREET
TALLAHASSEE FL 32301-1811**

2. Principal Place of Business

PMG Incorporated

3. Mailing Address

223 South Gadsden Street

Suite, Apt. #, etc.

223 South Gadsden Street

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida 32301

Zip #

32301

Country

Leon

Zip

32301

Country

Leon

4. FEI Number

59-1321271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERVIN, ROBERT M
305 S GADSDEN ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Ervin, Robert M.
Street Address (P.O. Box Number is Not Acceptable)
223 South Gadsden Street
Tallahassee, FL 32301
City
Tallahassee **FL** Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert M. Ervin**

Robert M. Ervin

1/14/03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD**
NAME **GREEN, PAUL MICHAEL**
STREET ADDRESS **4140 NW 27TH LANE**
CITY-ST-ZIP **GAINESVILLE FL** ☐ Delete

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

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

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

TITLE **SD**
NAME **ERVIN, ROBERT M**
STREET ADDRESS **223 S GASDEN**
CITY-ST-ZIP **TALLAHASSEE FL 32301** ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Ervin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Ervin, Secretary/Director

1/14/03

(850) 224-9135

Date Daytime Phone #

CR2E034 (10/02)