

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643422

1. Entity Name

P.M. CONTRACTORS, INC.

Principal Place of Business

890 N. FEDERAL HIGHWAY APT 104
LATANA FL 33462
US

Mailing Address

P.O. BOX 3001
LANTANA FL 33465
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FLECK, WILLIAM A. ESQ
1530 NO FEDERAL HIGHWAY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

TAIINA H. LEINONEN

Street Address (P.O. Box Number is Not Acceptable)

6100 Glades Rd. Suite 301

City

BOCA RATON

FL

Zip Code

33434

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

Taiina H. Leinonen

1/17/01

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS PUOLIMATKA, RAUNO
CITY-ST-ZIP 896 N. FEDERAL HWY.
LANTANA FL

TITLE ☐ Delete
NAME S
STREET ADDRESS DIANA F. JACKSON
CITY-ST-ZIP 896 N. FEDERAL HWY # 125
LATANA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Diana F. Jackson

Diana F. Jackson

Date

1/15/01

Daytime Phone #

(561) 582-0647

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90197 049 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)