

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90382 027 *****61.25

DOCUMENT # F00000006538

1. Entity Name
PLM WORLD, INC.



Principal Place of Business
**9395 PROSPERITY FARMS RD.
N. PALM BEACH FL 33403**

Mailing Address
**9395 PROSPERITY FARMS RD.
N. PALM BEACH FL 33403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1713483**

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

**LAYCOCK, BETH
9395 PROSPERITY FARMS RD.
N. PALM BEACH FL 33043**

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

SIGNATURE *Beth Laycock*
Signature, typed or printed name of registered agent and title if applicable.

Beth Laycock, Business Manager
(NOTE: Registered Agent signature required when reinstating)

DATE *1/28/03*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	K <input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	KIMBALL, KELLEY
STREET ADDRESS	1400 W. 94TH ST. MS 445
CITY-ST-ZIP	BLOOMINGTON MN
TITLE	V <input type="checkbox"/> <input type="checkbox"/> Delete
NAME	KRIGMAN, RAFI
STREET ADDRESS	PO BOX 746 MS 1212
CITY-ST-ZIP	BALTIMORE MD
TITLE	ST <input type="checkbox"/> <input type="checkbox"/> Delete
NAME	MANCUSO, JIM
STREET ADDRESS	PO BOX 611 AIRCRAFT RD M/S 402-17
CITY-ST-ZIP	MIDDLETOWN CT
TITLE	V <input type="checkbox"/> <input type="checkbox"/> Delete
NAME	HOOVER, MARK
STREET ADDRESS	PO BOX 879, 235 5TH ST.
CITY-ST-ZIP	SEAL BEACH CA
TITLE	V <input type="checkbox"/> <input type="checkbox"/> Delete
NAME	LAYCOCK, BETH
STREET ADDRESS	9395 PROSPERITY FARMS RD
CITY-ST-ZIP	N PALM BEACH FL
TITLE	V <input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	HIRR, LAILA
STREET ADDRESS	13900 NW SCIENCE PARK DR
CITY-ST-ZIP	PORTLAND OR 97229

TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Roedersheimer
STREET ADDRESS	41721 Onaway Dr.
CITY-ST-ZIP	Northville, MI
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES WILSON
STREET ADDRESS	186 North Creek Xing
CITY-ST-ZIP	Rochester, NY 14612
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MARSTON
STREET ADDRESS	71 Patten Rd
CITY-ST-ZIP	Merrimack, NH 03054
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM SP. JSBY
STREET ADDRESS	2415 INGRAM RD.
CITY-ST-ZIP	Duluth, GA 30096
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	

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 617, 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:

Signature Required

1/28/03 561-863-2272

CR2E037 (10/02)