

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90218 047 \*\*\*158.75

**DOCUMENT # F84986**

1. Entity Name  
**PORTFOLIO MANAGEMENT ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**724 SANTUARY COVE DR.  
 NORTH PALM BEACH FL 33410  
 US**

Mailing Address  
**P. O. 4079  
 TEQUESTA FL 33469  
 US**

2. Principal Place of Business  
**1109 Duncan Circle #202**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State **Palm Beach Gardens  
~~Tequesta~~ Florida**

City & State

4. FEI Number **59-2199736**

Applied For  
 Not Applicable

Zip **33418**

Country **USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOOD, WALTON DONNIE, IV  
 724 SANTUARY COVE DR.  
 NORTH PALM BEACH FL 33410**

7. Name and Address of New Registered Agent  
 Name **Hood, Walton Donnie, IV**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1109 Duncan Circle #202**  
 City **Palm Beach Gardens** **FL** Zip Code **33418**

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 Walton D. Hood, Pres. **Walton Donnie Hood, Pres.** **4/28/01**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HOOD, WALTON D., IV 724 SANTUARY COVE DR. NORTH PALM BEACH FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HOOD, WALTON D., IV 1109 Duncan Circle #202 Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walton D. Hood, Pres. **Walton Donnie Hood, Pres.** **4/28/01** **561-625-3535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR3E034 (10/00)