2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90498 015 ***150.00

FILED

F93553 **DOCUMENT #** 1. Entity Name P.D.T., INC.

					'	WE THE					
Principal Place of Business 2199 7TH AVENUE VERO BCH FL 32960			Mailing Address 2199 7TH AVENUE VERO BCH FL 32960				.		' 616 11 615 11 (FFAIR ARBAN INGS	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FE! Number 59-2217405 Applied For Not Applicable				
Zip Country			Zip		Country	Country		Certificate of Status Desired		8.75 Add	ditional
	6. Name	and Address of Current	Register	ed Agent	<u> </u>		7. 1	Name and Address of New Regis			
CH VED I	DENNIC			· · · · · · · · · · · · · · · · · · ·	N	ame			<u> </u>		
SILVER, DENNIS 2199 7TH AVE					St	Street Address (P.O. Box Number is Not Acceptable)					
VERO BC	H FL 32960	١ .			***					***************************************	
					Ci	•		,	FL	Zip Cod	
8. The above the obligation of the SIGNATURE	Dev	ered agent. Nis Silven	L	<u>Lemi Si</u>	·h			ent, or both, in the State of Florida		niliar with,	and accept
· •	Signature, typed	or printed name of registered agent a	ind title if app	olicable. (NOTE	E: Registered Ager	nt signature required	d when re	einstating)	DATE		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.	ing		0 May Be I to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICER	RS AND D	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SILVER, PA 2199 7TH VERO BEA	avenue		□ Delete	TITLE NAME STREET ADD] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SILVER, DI 2199 7TH VERO BEA	ENNIS AVENUE		☐ Delete	TITLE NAME STREET ADD	ı		-] Change	Addition
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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 entrustee 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: