

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91607 031 ***150.00

DOCUMENT # F97000006111

1. Entity Name
PDG, INC. OF POMPANO BEACH

Principal Place of Business

**300 OXFORD DR.
 MONROEVILLE PA 15146**

Mailing Address

**300 OXFORD DR.
 MONROEVILLE PA 15146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1386 Beulah Rd

3. Mailing Address

1386 Beulah Rd

Suite, Apt. #, etc.

Bldg # 801

Suite, Apt. #, etc.

Bldg # 801

City & State

Pittsburgh, PA

City & State

Pittsburgh, PA

4. FEI Number

25-1588657

Applied For

Not Applicable

Zip

15235

Country

Allegheny

Zip

15235

Country

Allegheny

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2002 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 **D** ☐ Delete
 NAME **BENDIS, RICHARD**
 STREET ADDRESS **300 OXFORD DR.**
 CITY-ST-ZIP **MONROEVILLE PA 15146**

TITLE **DP** ☐ Delete
 NAME **REGAN, JOHN C**
 STREET ADDRESS **300 OXFORD DR.**
 CITY-ST-ZIP **MONROEVILLE PA 15146**

TITLE **V** ☐ Delete
 NAME **BERESFORD, DAVID**
 STREET ADDRESS **300 OXFORD DR.**
 CITY-ST-ZIP **MONROEVILLE PA 15146**

TITLE **S** ☐ Delete
 NAME **MAIRE, DULCIA**
 STREET ADDRESS **300 OXFORD DR.**
 CITY-ST-ZIP **MONROEVILLE PA 15146**

TITLE **T** ☒ Delete
 NAME **O'HARA, REGIS B.**
 STREET ADDRESS **300 OXFORD DR**
 CITY-ST-ZIP **MONROEVILLE PA 15146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1386 Beulah Rd Bldg #801**
 CITY-ST-ZIP **Pittsburgh, PA 15235**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1386 Beulah Rd, Bldg #801**
 CITY-ST-ZIP **Pittsburgh, PA 15235**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1386 Beulah Rd, Bldg #801**
 CITY-ST-ZIP **Pittsburgh, PA 15235**

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 NAME
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 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(412) 243-3200

Date

Daytime Phone #

CR2E034 (9/01)