

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000853

1. Entity Name

PMC/SOLUTIONS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 033 ***150.00

Principal Place of Business

5921 JEFFERSON NE. STE. C
ALBUQUERQUE NM 87109

Mailing Address

5921 JEFFERSON NE. STE. C
ALBUQUERQUE NM 87102-3173

2. Principal Place of Business

625 SILVER SW

Suite, Apt. #, etc.

Suite 220

3. Mailing Address

625 SILVER SW

Suite, Apt. #, etc.

Suite 220

City & State

Albuquerque NM

City & State

Albuquerque NM

Zip

87102

Country

USA

Zip

87102

Country

USA

4. FEI Number

85-0412144

Applied For

Not Applicable

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

Name

KRISTA CARRERE

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

5000 SAN JOSE BLVD APT 212

City

Jacksonville

FL

Zip Code

32207

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME C
STREET ADDRESS LEGLER, MORRIS
CITY-ST-ZIP 12911 STEPHENSON ST.
ANCHORAGE AK 99515-3857

TITLE ☒ Delete
NAME D
STREET ADDRESS COLLINS, SCOTT
CITY-ST-ZIP 151 WHITETAIL RD. NE
ALBUQUERQUE NM 87122

TITLE ☐ Delete
NAME D
STREET ADDRESS VALDEZ, SUZANNA
CITY-ST-ZIP 1309 DUSKFIRE DR. NW
ALBUQUERQUE NM 87122

TITLE ☐ Delete
NAME P
STREET ADDRESS GARZA, ALBERTO
CITY-ST-ZIP 2315 CHAPMAN LN. NW
ALBUQUERQUE NM 87104

TITLE ☐ Delete
NAME ST
STREET ADDRESS MCKILLIP, CATHERINE C
CITY-ST-ZIP 4815 SHELLY ROSE NW
ALBUQUERQUE NM 87114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CHAIRMAN
STREET ADDRESS GARZA, ALBERTO
CITY-ST-ZIP 2315 CHAPMAN LN NW
Albuquerque, Nm 87104

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS BALASSI, WILLIAM
CITY-ST-ZIP 331 TULANE NE
Albuquerque, Nm 87106

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

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:

Catherine C McKillip Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(505) 842-1099

Daytime Phone #

May-03-00 08:52A

P. 02

C 0098688
F9900000853

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000853

1. Filing State

PMC/SOLUTIONS, INC.

Attachment

Principal Office of Registrant

Mailing Address

501 JEFFERSON NE. STE. C
ALBUQUERQUE NM 87101501 JEFFERSON NE. STE. C
ALBUQUERQUE NM 87102-3173

2. Principal Office of Registrant

625 SILVER SW

Suite 220

Albuquerque NM

87102-3173

3. Mailing Address

625 SILVER SW

Suite 220

Albuquerque NM

87102-3173

4. FEI Number 05-0412144

Applicant Fee

Not Applicable

5. Certificate of Status Received 05 \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

KRISTA CARRERE

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

5000 SAN JOSE BLVD APT 212

Jacksonville

FL

Zip Code
32207

6. Name and Address of Current Registered Agent

~~KRISTA CARRERE~~~~5000 SAN JOSE BLVD APT 212~~
JACKSONVILLE FL 32207

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

Krystal Carrere

5/3/00