

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90130 004 \*\*\*158.75

**DOCUMENT # F99000000853**

1. Entity Name  
**PMC/SOLUTIONS, INC.**

Principal Place of Business Mailing Address  
**625 SILVER SW. SUITE 200 120** **625 SILVER SW. SUITE 200 120**  
**ALBUQUERQUE NM 87102** **ALBUQUERQUE NM 87102**

2. Principal Place of Business 3. Mailing Address  
**625 SILVER SW** **625 SILVER SW**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 120** **Suite 120**  
 City & State City & State  
**ALBUQUERQUE NM** **ALBUQUERQUE NM**  
 Zip Country Zip Country  
**87102 USA** **87102 USA**



DO NOT WRITE IN THIS SPACE

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

**CARRERE, KRISTA**  
~~**5000 SAN JOSE BLVD, #212**~~  
~~**JACKSONVILLE FL 32207**~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**127 13th Ave North**  
 City Zip Code  
**Jacksonville Beach FL 32250**

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 **SEE ATTACHED**

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GARZA, ALBERTO</b>	
STREET ADDRESS	<b>2315 CHAPMAN LANE NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALASSI, WILLIAM</b>	
STREET ADDRESS	<b>331 TULANE NE</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87106</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VALDEZ, SUZANNA</b>	
STREET ADDRESS	<b>1309 DUSKFIRE DR. NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87122</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GARZA, ALBERTO</b>	
STREET ADDRESS	<b>2315 CHAPMAN LN. NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87104</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MCKILLIP, CATHERINE C</b>	
STREET ADDRESS	<b>4815 SHELLY ROSE NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEE BUTLER</b>	
STREET ADDRESS	<b>4447 HILLCREST AVE NW</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87120</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **1/22/01** **(505) 842-1099**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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0001720

**DOCUMENT # F99000000853**

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PMC/SOLUTIONS, INC.

Principal Place of Business

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ALBUQUERQUE NM 87102

Mailing Address

625 SILVER SW, SUITE 280 120  
ALBUQUERQUE NM 87102

B0014540

2. Principal Place of Business

625 SILVER SW

Suite, Apt. #, etc.

Suite 120

City &amp; State

Albuquerque NM

Zip

Country

USA

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1/10/01