

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83752

1. Entity Name
PDL INVESTMENTS, INC.

Principal Place of Business
31622 US NORTH
PALM HARBOR FL 34684
US

Mailing Address
31622 US 19 NORTH
PALM HARBOR FL 34684
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2930121

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

MOREE, LELAND E. III
31622 U.S. 19 NORTH
PALM HARBOR FL 34684

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME LONDON, JOHN C.
STREET ADDRESS 31622 U.S. 19 NORTH
CITY-ST-ZIP PALM HARBOR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME MOREE, LELAND E. III
STREET ADDRESS 31622 U.S. 19 NORTH
CITY-ST-ZIP PALM HARBOR FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MOREE, JR. 10-22-01 727-789-5611

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 4:37



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)