


2004 - FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # **J88122**

1. Entity Name
PMC EMPLOYEE BENEFITS, INC.



FILED

04 SEP 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2861 EXECUTIVE DRIVE
SUITE 110
CLEARWATER FL 33762
US**

Mailing Address
**P.O. BOX 1115
PINELLAS PARK FL 33780
US**

2. Principal Place of Business
P.O. BOX 1115

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PINELLAS PARK

City & State

Zip
FL 33780

Country

4. FEI Number **59-2963824**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUBRATZ, H.J.
2861 EXECUTIVE DRIVE
SUITE 110
CLEARWATER FL 33762**

**8391 57TH STREET
PINELLAS PARK, FL
P.O. BOX 1115 33781
PINELLAS PARK FL
33780**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8391 57TH STREET N

City **PINELLAS PARK** FL Zip Code **33781**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBRATZ, H.J. 8391 57TH STREET NORTH PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DUBRATZ, MARION 8391 57TH STREET NORTH PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHIBLER, MICHELE 5360 86 AVE N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SOLOSKI, PATRICIA 5548 96TH AVE N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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09/21/04--01067--003 **150.00

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **11/20/04** **9/4/04** **727 548 5880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 110/02

Ref 2

FILED

PMC Employee Benefits Inc

Specializing in Legal Service Plans

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 07 AM 9:29

P.O. Box 1115

Pinellas Park, FL 33780

Phone 727 548-5880

e-mail: jim@pmcemp.com

Tuesday, September 07, 2004

FLORIDA DEPARTMENT OF STATE
Division Of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: J 88122

To whom it may concern:

Enclose please find our check # 1448 for the annual renewal fee.

The annual renewal form was not received and for the past few days we tried to access the web site with no avail.

Therefore we are submitting and old form with changes.

This corporation no longer has a physical business address simply because the principal has retired and is no longer conducting business. However, because we are receiving residual income, it must be kept active for tax purposes.

The officers and directors are family members and will remain the same. Addresses are to be changed as indicated.

Thank you for your assistance in this matter.

Respectfully,



H.J. Dubratz
President