

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90094 019 ***150.00

DOCUMENT # K70046

1. Entity Name
P.M.H., INC.



Principal Place of Business
**952 GREENSBORO RD NE
P O BOX 3880
EATONTON GA 31024**

Mailing Address
**952 GREENSBORO RD NE
P O BOX 3880
EATONTON GA 31024**

2. Principal Place of Business
915 W. New York Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2490
Suite, Apt. #, etc.

City & State
Deland, FL

City & State
Deland, FL

4. FEI Number **58-1841986**

Applied For
Not Applicable

Zip
32720

Country
USA

Zip
32721-2490

Country
USA

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

6. Name and Address of Current Registered Agent

NICKENS, DAN A., ESQ.
1227 MARSHALL FARMS RD
OCOOEE FL 34761

7. Name and Address of New Registered Agent

Name
Nickens, Dan A. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
215 Capitol Court
City
Ocoee FL Zip Code
34761

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 **Dan A. Nickens**

01/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ Delete
NAME **HOLMES, JAMES D.**
STREET ADDRESS **7689 CLEMENTINE CT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☐ Delete
NAME **MASSEY, PAUL**
STREET ADDRESS **RT 7 BRIGHTON ROAD**
CITY-ST-ZIP **TIFTON GA 31794**

TITLE **S** ☐ Delete
NAME **PRICE, KATHRYN H**
STREET ADDRESS **543 WARDS CHAPEL RD NE**
CITY-ST-ZIP **EATONTON GA 31024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Price, Kathryn H.**
STREET ADDRESS **850 E. New Hampshire Avenue**
CITY-ST-ZIP **Deland, FL 32724**

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

12. 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:

Kathryn H. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03

Date

386-740-1229

Daytime Phone #

CR2E034 (10/02)