

# 2003-2004 AR

## UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

102

04 APR 27 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000076461

1. Entity Name  
**P.M.G. Capital LLC**

Principal Place of Business 113 Inner Harbour Way Jupiter, FL 33477	Mailing Address 113 Inner Harbour Way Jupiter, FL 33477
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2. Principal Place of Business 113 Inner Harbour Way	3. Mailing Address 113 Inner Harbour Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jupiter, FL	City & State Jupiter, FL
Zip 33477	County

4. FEI Number <b>20-1043938</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

Paul Gozzo  
113 Inner Harbour Way  
Jupiter, FL 33477

7. Name and Address of New Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
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 E. Davila Paul M. Gozzo by E.S. Davila as attorney-in-fact DATE 4/23/04  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00** 04/29/04--01018--002 \*\*100.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITION/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Paul M. Gozzo 113 Inner Harbour Way Jupiter, FL 33477 <input type="checkbox"/> DELETE	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"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE E. Davila Paul M. Gozzo by E.S. Davila as attorney-in-fact 4/23/04

2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: P.M.G. Capital LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$100.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by E.S. Davila as attorney-in-fact

Name: Paul M. Gozzo

Title: Manager

Date: 4/23/04