

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90382 028 ****50.00

DOCUMENT # L98000002011

1. Entity Name

P.M. & R. MANAGEMENT, L.C.

Principal Place of Business

**1165 N. OCEAN DRIVE, SUITE I
 RIVIERA BEACH FL 33404**

Mailing Address

**1165 N. OCEAN DRIVE, SUITE I
 RIVIERA BEACH FL 33404**

2. Principal Place of Business

860 U.S. Highway 1

Suite, Apt. #, etc.

Suite 203B

City & State

North Palm Bch, FL

Zip

33408

Country

USA

3. Mailing Address

860 U.S. Highway 1

Suite, Apt. #, etc.

Suite 203B

City & State

North Palm Bch, FL

Zip

33408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3534710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WASKIEWICZ, TIMOTHY E
 1165 N. OCEAN DRIVE, SUITE I
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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

4-25-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WASKIEWICZ, TIMOTHY E
 206 BLOSSOM LANE
 PALM BEACH SHORES FL 33404** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WASKIEWICZ, KIMBERLY E
 206 BLOSSOM LANE
 PALM BEACH SHORES FL 33404** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WASKIEWICZ, ROBERT E
 14 MORRIS CIRCLE
 NEW HARTFORD NY** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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☐ Change ☐ 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:

SIGNATURE REQUIRED

4-25-02

(561) 776-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)