

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73875

1. Entity Name

PMA AUTOMOTIVE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90091 049 ***158.75

Principal Place of Business

Mailing Address

42 COQUINA RIDGE WAY
ORMOND BEACH FL 32174
US

P O BOX 730095
ORMOND BEACH FL 32173-0095
US

2. Principal Place of Business

27 SPRINGMEADOWS DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLA

City & State

Zip

Country

Zip

Country

32174

USA

4. FEI Number

59-2922320

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

KROLL, RICHARD D.
42 COQUINA RIDGE WAY
ORMOND BEACH FL 32174

Name

KROLL, RICHARD D

Street Address (P.O. Box Number is Not Acceptable)

27 SPRINGMEADOWS DRIVE

City

ORMOND BEACH

FL

Zip Code

32174

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

KROLL, RICHARD D. / *[Signature]*

1/12/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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. P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KROLL, RICHARD D. ☐ Delete
STREET ADDRESS 42 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE P
NAME KROLL, RICHARD D. ☒ Change ☐ Addition
STREET ADDRESS 27 SPRINGMEADOWS DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VP
NAME KROLL, JUDITH T. ☐ Delete
STREET ADDRESS 42 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE VP
NAME KROLL, JUDITH T. ☒ Change ☐ Addition
STREET ADDRESS 27 SPRINGMEADOWS DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

904/615-8066
Daytime Phone #

CR2E034 (9/99)