

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90147 006 \*\*\*558.75

**DOCUMENT # M86819**

1. Entity Name  
**P.M.A. WORLDWIDE, INC.**

Principal Place of Business

6669 GULF OF MEX DR.  
P O BOX 609  
LONGBOAT KEY FL 34228

Mailing Address

6669 GULF OF MEX DR.  
P O BOX 609  
LONGBOAT KEY FL 34228

977545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 760  
761 N. Mac Ewen

3. Mailing Address

P.O. Box 760

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSPREY FL

City & State

OSPREY FL

4. FEI Number

65-0056725

Applied For  
Not Applicable

Zip

34229

Country

US

Zip

34229

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPHANSS, RAINER

6669 GULF OF MEXICO DRIVE

P.O. BOX 609

LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name RAINER JOSEPHANSS

Street Address (P.O. Box Number is Not Acceptable)  
761 N. Mac Ewen DR

City OSPREY

FL

Zip Code 34229

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE CEO  
NAME JOSEPHANSS, RAINER  
STREET ADDRESS P.O. BOX 609  
CITY-ST-ZIP LONGBOAT KEY FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME RAINER JOSEPHANSS  
STREET ADDRESS 761 Mac Ewen P.O. Box 760  
CITY-ST-ZIP OSPREY FL 34229 ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)