

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042560

1. Entity Name

PMT OF FORT PIERCE, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90052 022 ***150.00

Principal Place of Business

412 NE 4TH ST.
 FT. LAUDERDALE FL 33301

Mailing Address

412 NE 4TH ST.
 FT. LAUDERDALE FL 33301

655479

2. Principal Place of Business

4197 SELVITE RD

3. Mailing Address

4197 SELVITE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 FT. PIERCE FL

City & State
 FT. PIERCE, FL

4. FEI Number

65-1016313

Applied For

Not Applicable

Zip
 34981

Country
 USA

Zip
 34981

Country
 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, KENNETH G
 412 NE 4TH ST.
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
 ANTHONY R. LAGANA
 Street Address (P.O. Box Number is Not Acceptable)
 19 E HIGH POINT RD
 City
 STUART FL Zip Code
 34954

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

Anthony R. Lagan ANTHONY R. LAGANA, PRES 4/30/01
 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, 2001 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

TITLE
 D
 NAME
 STEVENS, KENNETH G
 STREET ADDRESS
 412 NE 4TH ST.
 CITY-ST-ZIP
 FT. LAUDERDALE FL 33301

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 P
 NAME
 ANTHONY R. LAGANA
 STREET ADDRESS
 4197 SELVITE RD
 CITY-ST-ZIP
 FT. PIERCE, FL 34981

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Anthony R. Lagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R. LAGANA, Pres
 4/30/01 561-219-1044
 Date Daytime Phone #

CR2E034 (10/00)