2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000020392

Entity Name: PM3, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1100 MAIN THE VILLA	NSTREET AGES, FL 321	59			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1100 MAIN THE VILLA	NSTREET AGES, FL 321	59			
FEI Number:	: 59-3723676	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
LITTLE, CRAIG W 1100 MAIN STREET THE VILLAGES, FL 32159			LITTLE, CRAIG W 976 DEL MAR DRIVE THE VILLAGES, FL 32		
	named entity e of Florida.	submits this statement for the լ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/29/2003	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (MORSE, H. GA 1100 MAIN ST THE VILLAGES		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MORSE, MARI 1100 MAIN ST THE VILLAGES		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (PARR, JENNIF 1100 MAIN ST THE VILLAGES		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (ROY, STEVE) Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: H. GARY MORSE P 04/29/2003

THE VILLAGES, FL 32159

City-St-Zip: