

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90446 046 \*\*\*150.00

78

**DOCUMENT # P01000021625**

1. Entity Name

**PM MEDICAL PERSONNEL SERVICES INC.**

Principal Place of Business

**6601 PINELLAS PT. DR., SOUTH  
 ST. PETERSBURG FL 33712**

Mailing Address

**6601 PINELLAS PT. DR., SOUTH  
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3702796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACK, SEDRIC**

**3606 CENTRAL AVE.**

**ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name

**Donald R Collins**

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

**3606 Central Avenue**

City

**St. Petersburg**

FL

Zip Code

**33711**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/3/2002**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 BRAIDE, ALTERMAE  
 2700 69TH AVE. SOUTH  
 ST. PETERSBURG FL 33712**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 HARRIS, MARY L  
 6601 PINELLAS PT. DR., SOUTH  
 ST. PETERSBURG FL 33712**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 HARRIS, MARY A**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

**ALTERMAE BRAIDE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/02 (727) 323-7034**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P01000021625 40378  
**PM MEDICAL PERSONNEL SERVICES, INC.**  
4158 5<sup>TH</sup> Avenue North St. Petersburg, FL 33713  
(727) 323-7034

July 3, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: UBR P01000021625  
FEIN # 59-3702796

Dear Sir:

We are writing to inform you that we have already paid the fee of \$150.00 for our UBR and the check has cleared. We needed to have the appropriated people to sign the form. Please waive all late fees.

Sincerely,



A.L. Braide  
President

Enclosure