

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90938 002 ***150.00

DOCUMENT # P01000102997

1. Entity Name
P.V.A. & ASSOCIATES, INC.

Principal Place of Business
~~11561 SOUTH OPEN COURT~~
~~COOPER CITY FL 33026~~

Mailing Address
~~11561 SOUTH OPEN COURT~~
~~COOPER CITY FL 33026~~

2. Principal Place of Business
710 36th Street

3. Mailing Address
710 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Des Moines, IA

City & State
Des Moines, IA

4. FEI Number
65-1147199

Applied For
 Not Applicable

Zip Country
50265 USA

Zip Country
50265 USA

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

~~ANGER, PAUL E~~
~~11561 SOUTH OPEN COURT~~
~~COOPER CITY FL 33026~~

Name
Ronald O. MacKendree
 Street Address (P.O. Box Number is Not Acceptable)
6701 Sunset Drive, Suite #101

City, State, Zip Code
Miami Florida 33143

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

Ronald O. MacKendree

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/02

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, 2002 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANGER, PAUL E 11561 SOUTH OPEN COURT COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ANGER, VICKIE D 11561 SOUTH OPEN COURT COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	710 36th Street Des Moines, IA 50265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul E. Anger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-22-02 X515-284-8502

Date

Daytime Phone #

CR2E034 (9/01)