04/29/2003 12:47 9549661390 SAMUELSACCOUNTII

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90424 046 ***150.00

DOCUMENT # P02000016249

1. Entity Name

PMA DIVERSIFIED, INC.

70054382

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1958 CUSTOM DRIVE	PO BOX 100818
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: CAPE CORAL, FL
Zip: 33907 Country: ~~COLLIER~~ USA LEE	Zip: 339 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0553482 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HARRY M SAMUELS

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

3143 ARBOR LANE

City: HOLLYWOOD FL Zip Code: 33021

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: Harry M Samuels Registered Agent DATE: 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH J SOKOLIC P/S/D 420 BAYSHORE DRIVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Sokolic Pres 4/29/03 (941) 226-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #