FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90175 024 ***150.00

DOCU 1. Entity Name	MENT # P020000756		04-23-2003 901/3 024 130.0			130.00		
PMH R	EALTY, INC.	/· 🔻						
	DO NOT WRITE	ACE		110098	327	*		
Principal Place of Business 3. Mailing Address 1329 52 AVE NE							1	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE		
City & State ST. PETERSBURG, FL		City & State		4. FEI Nun	4. FEI Number 80-0049004 Applied For Not Applicable		Applied For Not Applicable	
Zip 33703	Country PINELLAS	Zip	Country	5. Certifica			Additional uired	
	7. Name and Address of Current Registe				gistered Agent			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				1329 52 AVE NE				
			000000000000000 0000000000000000				Code	
8.' The above	named entity submits this statement for	0000000000	City ST. PETERSBURG, FL Zio Code 33703 istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent.								
SIGNATURE Screeture, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Squature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature req January 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 Make Check Payable to Florida Department of State					lection Campaign Financ rust Fund Contribution.	ing \$	5.00 May Be Ided to Fees	
10.	OFFICERS AND E	determinate.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK M. HAYES 1329 52 AVE NE ST. PETE	TITLS NAME STREET ADDRESS CITY-ST-ZIP	E Et address			946 (12/8)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				CRZEC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa	TITLE NAME STREET ADDRESS OTTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY+ST-ZIP	TADRESS IN 1713 SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HITLE NAME STREET ADDRESS CITY-ST-ZIF					

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:

SIGNATURE NO TYPE OR FILMIED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #