

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90137 003 ***150.00

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DOCUMENT # P02000113110

1. Entity Name
PM ASSETS INC.



Principal Place of Business
2714 CAHILL WAY
LAKE MARY FL 32746

Mailing Address
2714 CAHILL WAY
LAKE MARY FL 32746



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

01-0749850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CIRIACO, EDWARD A
2714 CAHILL WAY
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CIRIACO, EDWARD A**
STREET ADDRESS **2714 CAHILL WAY**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

407-321-4007

CR2E034 (10/02)

**Florida Corporate Short Form
Income Tax Return**

80116898

ATX1
F-1120A
R. 01/03

Attachment
Doc # P02000173110

Make checks payable and mail to:



FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

Cut along dotted line

Florida Corporate Short Form Income Tax Return

ATX1 F-1120A
R. 01/03

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of Officer 		Date 4/25/03	Phone 407-321-4007
Signature of Individual or Firm Preparing the Return 		Preparer's SSN 22-3163835	Phone 732-920-7300

FEIN 010749850 Taxable Year Beginning 10/21/2002 Taxable Year Ending 12/31/2002

Name PM Assets Inc.

Address 2714 Cahill Way

Address

City/State/ZIP Lake Mary, FL 32746-2324

DOR USE ONLY

010749850	0	1	03
20021021	0	0	0
20021231	0	1	0
0	0	0	0
0	0	2	0
0	0	2	0
0	0	N/A	0
0	0	0	0