

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083446

1. Entity Name

PLI MANAGEMENT CORP.

Principal Place of Business

1061 E INDIANTOWN ROAD
SUITE 310
JUPITER FL 33477
US

Mailing Address

1061 E. INDIANTOWN ROAD
SUITE 310
JUPITER FL 33477
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NORTHUP, JAMES	
STREET ADDRESS	1061 E INDIANTOWN RD STE 310	
CITY-ST-ZIP	JUPITER FL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	LONGO, LAWRENCE	
STREET ADDRESS	15 SECOR RD	
CITY-ST-ZIP	BROOKFIELD CT	
TITLE	EVS	<input checked="" type="checkbox"/> Delete
NAME	MOONAN, JEFFREY P	
STREET ADDRESS	1061 E INDIANTOWN RD STE 310	
CITY-ST-ZIP	JUPITER FL	
TITLE	SVPC	<input type="checkbox"/> Delete
NAME	BOLLO, ROBERT J.	
STREET ADDRESS	1061 E INDIANTOWN RD STE 310	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAC DONALD, JAMES	
STREET ADDRESS	2428 ONTARIO ST.	
CITY-ST-ZIP	BURBANK, CA 91504	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SEAN T.	
STREET ADDRESS	15 SECOR RD.	
CITY-ST-ZIP	BROOKFIELD, CT 06804	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDER, JAMES	
STREET ADDRESS	15 SECOR ROAD	
CITY-ST-ZIP	BROOKFIELD, CT 06804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKEY, GREGORY	
STREET ADDRESS	15 SECOR ROAD	
CITY-ST-ZIP	BROOKFIELD, CT 06804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91258 001 ***600.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)