

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90240 031 ***150.00

DOCUMENT # **P94000047424**

1. Entity Name
PMS LAND GROUP, INC.



Principal Place of Business
**P.O. BOX 152
HOWEY FL 34737-0152**

Mailing Address
**P.O. BOX 152
HOWEY FL 34737-0152**

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 **65-0502023**

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**BLESSING, PERRY E
24913 BLUE SINK RD.
HOWEY IN THE HILLS FL 34737**

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	<input type="checkbox"/> Delete
NAME	BLESSING, PERRY E	
STREET ADDRESS	24913 BLUE SINK RD.	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COWAN, SANFORD D	
STREET ADDRESS	9721 RIDGE WALK CT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VALENCIE, MILO J	
STREET ADDRESS	481 S.E. WOODS EDGE TRAIL	
CITY-ST-ZIP	STUART FL 33561	
TITLE	TERRY S. BLESSING	<input type="checkbox"/> Delete
NAME	VP/ST	
STREET ADDRESS	24913 BLUE SINK ROAD	
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Perry E. Blessing* **PERRY E. BLESSING** **2/18/03** **352-324-2214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)