

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90878 044 ***150.00

0071582 AV

DOCUMENT # P94000061569

1. Entity Name
PMCI, INC.

Principal Place of Business Mailing Address
~~8234 W CECIL LN 237 DELEON RD. 8234 W CECIL LN 237 DELEON RD.~~
~~HOMOSASSA FL 34446 HOMOSASSA FL 34446~~
~~XXXXXXXXXXXXX DEBARY, FL 32713 XXXXXXXXXXXXX DEBARY, FL 32713~~



2. Principal Place of Business 3. Mailing Address
237 DELEON Rd. 237 DELEON Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-3261507 Applied For
DEBARY FL DEBARY FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
32713 VA LOUSA 32713 VA LOUSA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GIFT, ESTHER Name
~~8234 W CECIL LN 237 DELEON RD.~~ **GIFT, ESTHER**
~~XXXXXXXXXXXXX DEBARY, FL 32713~~ Street Address (P.O. Box Number is Not Acceptable)
237 DELEON RD.
 City DEBARY FL Zip Code 32716

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 *Esther Gift Pres.* 3/7/02
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------|---------------------------------|---|------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIFT, ESTHER | | NAME | GIFT, ESTHER | |
| STREET ADDRESS | 8234 W CECIL LN | | STREET ADDRESS | 237 DELEON RD. | |
| CITY-ST-ZIP | HOMOSASSA FL 34446 | | CITY-ST-ZIP | DEBARY, FL 32713 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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

Esther Gift **ESTHER GIFT**

Date

Daytime Phone #

3/7/02 352-650-5144

CR2E034 (9/01)