2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9500001534 1. Entity Name PM PROPERTY MANAGEMENT, INC.												
Principal Place of Business 6822 SHAMROCK STREET P.O. BOX 19524 TAMPA FL 33686			Mailing Address P.O. BOX 19524 TAMPA FL 33686-9524 US			- 6		JUN 20 P Ketary (A <i>gyse</i> s)			150. (X	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	B		City & State			4.	FEI Number	59-330012	23	<u> </u>	plied For t Applicable	
Zip		Country	Zip	Zip Count		5. Certificate of Status Desired S8.75 Addit Fee Required						
	6. Name	and Address of Current	Registered Agent		Name	7.	Name and Ad	dress of New R	egistered A	gent		
PITTMAN, ANDREW 13750 5TH STREET DADE CITY FL 33525					Street Add	et Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code							
9. This corpo	oration is elig	or printed name of registered agent a lible to satisfy its Intangible and elects to do so.	ritle it applicable. (NOTE FILE NOW! After SEPTEMBER 1 Make Check Payab	!! FEE 3, 2000	IS \$550.00 Min. will b	e \$750.00	10. Election	in Campaign Fin			0 May Be to Fees	
11.		OFFICERS AND		12.	paramont		<u> </u> DDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BO	, MICHAEL B (19524, N/A FL 33686-9524	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX	, andrew V 19524 - L 33686-9524	☐ Delete							☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip	٠		☐ Delete	-	I .		-			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	I .				: <u> </u>	☐ Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete						. , .	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,		☐ Change	☐ Addition	

13. Thereby 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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P.O. Box 19524 Tampa, Florida 33686-9524 (813) 268-9915 (813) 251-8530 ext. 107 (813) 258-2667FAX

PM PROPERTY MANAGEMENT, Inc.



To:	Ladies and	d Gentlemen:	From:	Andrew Pittm	nan		
Fax:			Pages:	Including cover page			
Phone): 		Date:	7-18-00			
Re:	P9500000	1534	CC:				
☐ Urgent ☐ For Review			☐ Please	e Comment	☐ Please Reply		
• Con	nments:	<u> </u>	 				
Ladies	and Gentleme	en:					
your or reports that I r	office within 30 is both are filled mailed. Your let	days then the \$400.00 out completely and sign	late fee can be ned, I do not und at I failed to do, if	e avoided. I have lerstand what was f anything. Please	REPORT" is returned to e included two separate wrong with the first one accept this report that I blems.		

Inally litter I have a/so included into out previous corespondence from 4/26/00. It have this shows that we had complied theyor to May 1, 2000. A/so included is your lefter data 3/22/00, Which I responded to on 6/0/00 we// within the 30 days a/owed.