

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0508732

DOCUMENT # P95000002684

1. Entity Name

P.M. SURVEYING, INC.

03-05-2001 90009 045 ***150.00

Principal Place of Business

Mailing Address

591 TOCCOA RD.
 WEST PALM BEACH FL 33413

591 TOCCOA RD.
 WEST PALM BEACH FL 33413

2. Principal Place of Business

3. Mailing Address

400 EXECUTIVE CENTER DRIVE 400 EXECUTIVE CTR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 108

SUITE 108

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33401

US

33401

US

4. FEI Number

65-0656925

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

MOSCHETTO, PETER J
 591 TOCCOA RD.
 WEST PALM BEACH FL 33413

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME MOSCHETTO, PETER J
 STREET ADDRESS 591 TOCCOA RD.
 CITY-ST-ZIP WEST PALM BEACH FL 33413

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

PETER J. Moschetto

3-1-01

(561)478-7764

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (10/00)