

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90016 046 ***150.00

DOCUMENT # P95000002684

1. Entity Name
P.M. SURVEYING, INC.

Principal Place of Business
**400 EXECUTIVE CENTER DRIVE
STE 10B
WEST PALM BEACH FL 33401**

Mailing Address
**400 EXECUTIVE CENTER DRIVE
STE 10B
WEST PALM BEACH FL 33401**



2. Principal Place of Business
2501 BRISTOL DRIVE

3. Mailing Address
2501 BRISTOL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A9

SUITE A9

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33409

USA

33409

USA

DO NOT WRITE IN THIS SPACE

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)

2472 SANDY CAY

WEST PALM BEACH

City

FL

Zip Code

33411

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 **PETER J. MOSCHETTO, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2472 SANDY CAY
WEST PALM BEACH, FL 33411** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02 (561) 478-7764
Date Daytime Phone #

0348796 AV

CR2E034 (9/01)