

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90150 006 ***150.00

DOCUMENT # P95000015102

1. Entity Name

PDM TRANSPORT LEASING, INC.

Principal Place of Business

**10272-B S.E. 58TH AVENUE
 BELLEVUE FL 34421**

Mailing Address

**P.O. BOX 2829
 BELLEVUE FL 34421**

2. Principal Place of Business

511 Mulberry ST.

3. Mailing Address

P.O. Box 1069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COLEMAN FL

City & State

COLEMAN, FL

Zip

33521

Country

USA

Zip

33521

Country

USA

4. FEI Number

59-3299416

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, PATRICK
 1365 SE 73RD PL
 Ocala FL 34480**

7. Name and Address of New Registered Agent

Name **PATRICK MCLAUGHLIN**
 Street Address (P.O. Box Number is Not Acceptable)
511 Mulberry ST.
 City **COLEMAN** FL Zip Code **33521**

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, 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, 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

TITLE **P** ☐ Delete
 NAME **MCLAUGHLIN, PATRICK**
 STREET ADDRESS **1365 SE 73RD PL**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **PATRICK MCLAUGHLIN**
 STREET ADDRESS **P.O. BOX 1586**
 CITY-ST-ZIP **Bellevue, FL 34421**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(l), 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

Date

Daytime Phone #

CR2E034 (9/01)