## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P9500043757 May 22, 2000 8:00 am Secretary of State P & M CUSTOM GRINDING AND LANDCLEARING, INC. 05-22-2000 90016 016 \*\*\*150.00 Mailing Address Principal Place of Business 30 S FERNWOOD DRIVE 635 BREVARD AVE COCOA FL 32922-7807 ROCKLEDGE FL 32955 3. Mailing Address 2. Principal Place of Business 621 TORTOISE WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3346152 BEACH Not Applicable SATELUTE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILES, J D Street Address (P.O. Box Number is Not Acceptable) 635 BREVARD AVE COCOA FL 32922-7807 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD MICHAEL HICKEY Delete TITLE TITLE HICKEY, MICHAEL NAME NAME 621 TORTOISE WAY 30 S FERNWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP ROCKLEDGE FL 32955 STO CLAUDIA HICKEY 621 TORTOISE WAY ☐ Delete TITLE HICKEY, CLAUDIA NAME NAME STREET ADDRESS 30 S FERNWOOD DRIVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL. 32937 **ROCKLEGDE FL 32955** CITY-ST-ZIP ☐ Change D۷ Delete TITLE ☐ Addition TITLE NAME GILES, J. DENNIS NAME STREET ADDRESS 635 BREVARD AVE STREET ADDRESS City-St-ZIP COCOA FL 32922 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 trassee emboured to execute this provider 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 other statutes. With all other like the providered of the corporation or the receiver of changed, or on an attachment wit]

FEICER OR DIRECTOR

Daytime Phone #