

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90003 018 \*\*\*150.00

**DOCUMENT # P95000043757**

1. Entity Name

**P & M CUSTOM GRINDING AND LANDCLEARING, INC.**

Principal Place of Business

**30 S FERNWOOD DRIVE  
 ROCKLEDGE FL 32955**

Mailing Address

**635 BREVARD AVE  
 COCOA FL 32922-7807  
 US**

2. Principal Place of Business

**600 BOUKANKILLEA DR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ROCKLEDGE, FL**

City & State

Zip

**32955**

Country

Zip

Country

4. FEI Number

**59-3346152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GILES, J D**

**635 BREVARD AVE  
 COCOA FL 32922-7807**

7. Name and Address of New Registered Agent

Name

**MICHAEL HICKEY**

Street Address (P.O. Box Number is Not Acceptable)

**635 BREVARD AVE**

City

**COCOA, FL 329**

**FL**

Zip Code

**32922-7807**

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

**1/18/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	DP	<input type="checkbox"/> Delete
NAME	HICKEY, MICHAEL	
STREET ADDRESS	30 S FERNWOOD DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HICKEY, CLAUDIA	
STREET ADDRESS	30 S FERNWOOD DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GILES, J. DENNIS	
STREET ADDRESS	635 BREVARD AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	621 TORTOISE WAY	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	621 TORTOISE WAY	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/02**

Date

**321-537-3508**

Daytime Phone #

CR2E034 (9/01)