2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P95000043757

P & M CUSTOM GRINDING AND LANDCLEARING, INC.



05-01-2003 90831 014 '

FILED
May 01, 2003 8:00 am
Secretary of State
05.01.2002.00921.014.***150.00

Country Country Country Country Country St. Certification of Status Desired St. 75 Additional Fee Required Fee							Se Me S	_]					
Sullo, Apl. 6, etc. Country Sullo, Apl. 6, etc. Check Here is Making Chandes Zip Country Zip Country Zip Country S. Certificato of Status Desire S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name Name S8.75 Additional Fee Required Agent Name Name Size Address of Name and Address of Name and Address of Current Registered Agent Name	800 BOUGANVILLEA DR				635 BREVARD AVE COCOA FL 32922-7807				<u> </u>				
City & State See Country See Co	2. Principal Place of Business				3. Mailing Address					i Bojik Kaliki Bi			
Space Spac	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Exp Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & State				City & State			4.	FEI Number 59-3346152		Applied For Not Applicable		
HICKEY, MICHAEL 835 RREVARD AVE COCOA FL 32922-7807 City City FL Zip Code City FL Zip Code City FL Zip Code City FL ADDITIONS (PANGES) SIGNATURE Superace, special printing name of registered agent, 1) FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS II. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11 THE AMAE SITER ADDRESS CITY-ST-7P TITLE NAME SI	Zip	Country				try	5. Certificate of Status Desired						
HICKEY, MICHAEL 85 SREVARD AVE COCOA FL 32922-7807 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or presonance agent and take I apolication. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS THE OFFICERS AND DIRECTORS THE NAME SIREF ADDRESS OITY-ST-ZIP TITLE MAKE SIREF ADDRESS OITY-ST-ZIP TITLE OITHE SITD OElete HICKEY, MICHAEL STREF ADDRESS OITY-ST-ZIP TITLE OElete OITHE OElete SITE ADDRESS OITY-ST-ZIP TITLE OITHE		6. Name	and Address of Currer	t Register	ed Agent			7. 1	Name and Address of New Re	gistered A	gent		
SSS BREVARD AVE COCOA FL 32927-7807 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an Itamiliar with, and accept the obligations of registered agent. * Signature Symptom Sy													
COCOA FL 32922-7807 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable. SIGNATURE Syntake, byce or present series of registered agent and title if applicable. MOTE Registered Agent syntake opposed when renotating) DATE FILE NOW!!! FEE IS \$150.00 Make Chack Payable to Florida Department of State OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE MAKE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P THE MAKE STR					Street Address			lress (P.O. E	(P.O. Box Number is Not Acceptable)				
City FL Zip Code			.=										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	COCOA FL	. 32922-78	07										
SIGNATURE Symbol or prised name of registered agent and see it applicable. (HOTE Registered Agent signature required when remitating) DAIE							City			FL	Zip Cod	е	
Signature, yeard or printed mane of registered agent and tible it application. (NOTE: Registered Agent a required when remotating) DATE				for the purp	oose of changing its	registere	ed office or re	gistered ag	ent, or both, in the State of Flor	ida, 1 am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00	SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	: Registere	d Agent signature	required when re	einstating)	DATE			
TITLE NAME HICKEY, MICHAEL SET TORTOISE WAY STREET ADDRESS CITY-ST-ZIP STEET ADDRESS CITY-ST-ZIP	After	May 1, 200	3 Fee will be \$550.00										
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12. I hereby certify that the information supplied with this filling 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #