2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005082

1. Entity Name
P.M. SOCCER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3440 BRIAN ROAD SOUTH	3440 BRIAN ROAD SOUTH
PALM HARBOR FL 34685	PALM HARBOR FL 34685

2. Principal Place of Business 820 S PANISH DRS
3. Mailing Address 820 SPANISH DRIVE S

Suite, Apt. #, etc.

City & State: Longboat KEY, FL
City & State: Longboat Key, FL

☐ CHECK HERE IF MAKING CHANGES

Zip: 34228   Country: USA
Zip: 34228   Country: USA

4. FEI Number 59-3358954   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELLOR, PETER
3440 BRIAN RD S
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: ___ FL   Zip Code: ___

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MELLOR, PETER J		NAME		
STREET ADDRESS	3440 BRIAN ROAD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MELLOR, VALERIE P		NAME		
STREET ADDRESS	3440 BRIAN ROAD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03   941-387-0517
Date   Daytime Phone #