2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035034 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name P.F.M. TRANSFER INC. 06-05-2000 90004 037 ***150.00 Mailing Address Principal Place of Business 1956 YAMASSE ROAD 1956 YAMASSE ROAD ST. AUGUSTINE FL 32092 ST. AUGUSTINE FL 32092-0318 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3391836 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KILE, ANTHONY G Street Address (P.O. Box Number is Not Acceptable) 1956 YAMASSE ROAD ST. AUGUSTINE FL 32092 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition TITLE □ Delete KESLINKE, JOHN G NAME NAME 472 N. EDGEWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOODALE IL 60191 Change ☐ Addition ☐ Delete TITLE TITLE LESLINKE, ANTHONY NAME NAME 843 SAN SIMEON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CONCORD CA 94518** CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete SMITH, DONALD DESPERADO, Anthony NAME NAME 2050 CLOVERDALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition Change TITLE ☐ Delete 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 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.