

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90198 032 \*\*\*150.00

DOCUMENT # **P96000044614**

1. Entity Name  
**P.M. FAMILY CORP.**



Principal Place of Business  
**100 NW 12TH AVENUE  
DEERFIELD BEACH FL 33443**

Mailing Address  
**P O BOX 4007  
DEERFIELD BEACH FL 33442  
US**



2. Principal Place of Business  
**100 JIM MORAN BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DEERFIELD BEACH, FL**

City & State

4. FEI Number **65-0667568**

Applied For  
☐ Not Applicable

Zip **33442** Country **US**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**BLANTON, THOMAS  
100 NW 12TH AVE  
DEERFIELD BEACH FL 33442**

## 7. Name and Address of New Registered Agent

Name **THOMAS BLANTON**

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

**185 JIM MORAN BLVD**

City **DEERFIELD BEACH**

**FL**

Zip Code **33442**

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 **Thomas K Blanton**, **THOMAS BLANTON**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/11/03**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD MORAN, PATRICIA G**  
STREET ADDRESS **100 NW 12TH AVE**  
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Delete  
NAME **D COYLE, CHRISTINE B**  
STREET ADDRESS **798 PERIWINKLE ST**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
NAME **D BEDDIA, THOMAS**  
STREET ADDRESS **598 SW 16TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
NAME **D BEDDIA, DONALD**  
STREET ADDRESS **4530 BANYAN TRAILS DR**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete  
NAME **S BLANTON, THOMAS K**  
STREET ADDRESS **100 NW 12TH AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PD MORAN, PATRICIA G.**  
STREET ADDRESS **100 JIM MORAN BLVD**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **S BLANTON, THOMAS K.**  
STREET ADDRESS **185 JIM MORAN BLVD**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **THOMAS K BLANTON, SEC** **2/11/03** **954-429-2566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)