

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064974

1. Entity Name

PDI RESOURCES OF FLORIDA, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90873 016 \*\*\*150.00

Principal Place of Business

Mailing Address

636 N. US HWY ONE  
 STE 106  
 N. PALM BCH FL 33409  
 US

636 N. US HWY ONE  
 STE 106  
 N. PALM BCH FL 33408-4611  
 US

2. Principal Place of Business

2401 PGA BLVD

3. Mailing Address

2401 PGA BLVD

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

SUITE 230

City & State

PALEMBACH GARDENS, FL

City & State

PALEMBACH GARDENS, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-0693610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEARING, FRANCIS

636 US HWY ONE

STE 106

N. PALM BCH FL 33408

Name

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

2401 PGA BLVD

STE 230

City

PALEMBACH GARDENS FL

Zip Code

33410

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS SEARING, FRANCIS  
 CITY-ST-ZIP 636 US HWY ONE- STE 106  
 WEST PALM BEACH FL 33408

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2401 PGA BLVD, STE 230  
 CITY-ST-ZIP PALEMBACH GARDENS FL 33410

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 or without like empowered.

SIGNATURE:

*Francis P. Searing*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (61) 799-504  
 Date Daytime Phone #

CR2E034 (9/99)