

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000064974**1. Entity Name
PDI RESOURCES OF FLORIDA, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91354 011 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2401 GLA BLVD
STE 230
WEST PALM BEACH FL 33410
US
Mailing Address
2401 GLA BLVD
STE 230
WEST PALM BEACH FL 33410
US2. Principal Place of Business
2401 PGA Boulevard
Suite, Apt. #, etc.
3. Mailing Address
2401 PGA Boulevard
Suite, Apt. #, etc.City & State
City & State
Zip
Country
Zip
Country4. 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
SEARING, FRANCIS
2401 PGA BLVD
STE 230
WEST PALM BEACH FL 334107. 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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P SEARING, FRANCIS 2401 PGA BLVD STE 230 WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/27/01 Daytime Phone #: 861/299-5004

CR2E034 (10/00)