

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068763

1. Entity Name

PMR FINANCIAL SERVICES, INC.

Principal Place of Business

7001 SW 24TH AVE  
GAINESVILLE FL 32607  
US

Mailing Address

7001 SW 24TH AVE  
GAINESVILLE FL 32607  
US

2. Principal Place of Business

6777 NEWBERRY Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90136

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

Zip

32607-0136

Country

4. FEI Number

59-3398037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, MICHAEL K  
7001 SW 24TH AVE  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name MICHAEL K BALDWIN

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

~~6777 NEWBERRY RD~~

525 NW 80TH BLVD

City

Gainesville FL

FL

Zip Code

32607

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)

3/20/01

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALDWIN, MICHAEL K	
STREET ADDRESS	525 NW 80TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BALDWIN, JOHN D III	
STREET ADDRESS	3961 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BALDWIN, CRISTOPHER	
STREET ADDRESS	525 NW 80TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

3/20/01

Daytime Phone #

352  
331 5757

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90027 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0471953

CR2E034 (10/00)