

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90190 004 ***150.00

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1. Entity Name
PARKMOUNT ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 35160
SARASOTA FL 34242

Mailing Address
P.O. BOX 35160
SARASOTA FL 34242

11015037



2. Principal Place of Business
PO Box 35109
Suite, Apt. #, etc.

3. Mailing Address
PO Box 35109
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
NOT APPLICABLE

☒ Applied For
Not Applicable

Zip
34242 Country

Zip
34242 Country

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

6. Name and Address of Current Registered Agent

RAFFERTY, CATHERINE
9400 LIVE OAK PLACE #203
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name **Rafferty, Catherine**
Street Address (P.O. Box Number is Not Acceptable)
1230 Southeast Fourth Ave
City **Fort Lauderdale FL** Zip Code **33316**

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 **Catherine Rafferty**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03
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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SCHLEGAL, DOUGLAS C
P.O. BOX 35160
SARASOTA FL 34278 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D WIEMER, MARIA V
P.O. BOX 35160
SARASOTA FL 34278 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Schlegel, Douglas C.J. ☒ Change ☐ Addition
PO Box 35109
Sarasota FL 34242

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Leticia Freese ☐ Change ☒ Addition
538 West Main
Napoleon OH 43545

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

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

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

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: **Douglas C. Schlegel** **4/18/03** **941 346 0902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)