

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PM PL, INC

P98000037882 ✓

FILED

00 JUN 23 PM 2:16

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4323 ROCK CREEK DRIVE
PORT CHARLOTTE FL
33952

4323 ROCK CREEK DRIVE
PORT CHARLOTTE, FL
33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

59-3495788

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☐ Delete
CASTELLOTTI, MADOLINE
943 W. FINGERBOARD RD.
STATEN ISLAND, N.Y. 10304

D ☐ Delete
CASTELLOTTI, PETER JR.
4323 ROCK CREEK DRIVE
PORT CHARLOTTE

D ☒ Delete
CASTELLOTTI, PETER JR.
4323 ROCK CREEK DRIVE
PORT CHARLOTTE

☐ Delete

☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PRESIDENT

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V.P.
CASTELLOTTI, PETER
21P 33952

☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TS

☐ Change ☐ Addition

06-09-2000 90215 010 ~ 150.00

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:

MADOLINE CASTELLOTTI

5/10/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)