2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90050 002 ***550.00

DOCUMENT # P98000085722

1. Entity Name

PMK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~5544 PENNOCK POINT ROAD~~	~~5544 PENNOCK POINT ROAD~~
~~JUPITER FL 33458~~	~~JUPITER FL 22201-3672~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
750 Ocean Royale Way		750 Ocean Royale Way	
Suite, Apt. #, etc. Suite #1105		Suite, Apt. #, etc. Suite # 1105	
City & State Juno Beach, FL		City & State JUNO BEACH, FL	
Zip 33408	Country USA	Zip 33408	Country USA

4. FEI Number ~~52-1828799~~ 52-1829799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEARNEY, PATRICIA M
~~5544 PENNOCK POINT ROAD~~ 750 Ocean Royale Way
~~JUPITER FL 33458~~ Suite # 1105
JUNO BEACH, FL 33408

7. 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 Patricia Kearney 8-31-00
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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KEARNEY, PATRICIA M	750 Ocean Royale Way	NAME	
STREET ADDRESS	~~5544 PENNOCK POINT ROAD~~	Suite # 1105	STREET ADDRESS	
CITY-ST-ZIP	~~JUPITER FL 33458~~	Juno Beach, FL 33408	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: Patricia Kearney 8-31-00 561-775-8799 or 703-841-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #