FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91216 009 ***150.00

DOCUMENT # P98000085722

1. Entity Name

PMK ASSOCIATES, INC.

666294

DO NOT WRITE IN THIS SPACE

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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, Florida	City & State: Juno Beach, Florida
Zip: 33408 Country: Palm Beach	Zip: 33408 Country: Palm Beach

4. FEI Number: 521829799 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kearney, Patricia M.

Street Address (P.O. Box Number is Not Acceptable): 750 Ocean Royale Way, Suite 1105

City: Juno Beach **FL** Zip Code: 33408

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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTSD
NAME	Kearney, Patricia M
STREET ADDRESS	750 Ocean Royale Way, Suite 1105
CITY-ST-ZIP	Juno Beach, FL 33408
TITLE	VP
NAME	Douglas, Richard
STREET ADDRESS	750 Ocean Royale Way, Suite 1105
CITY-ST-ZIP	Juno Beach, FL 33408

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Kearney 4-29-02 (561) 775-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)