2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000104030 **DOCUMENT#**

1. Entity Name PMBA, INC.



04-14-2003 90942 029 ***150.00

FILED	
Apr 14, 2003 8:00 an	n
Secretary of State	

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Principal Place 2996 HANSON FORT MYERS US		Mailing Address 2996 HANSON STREET FORT MYERS FL 33916 US				41181 1881 44 11 8	IDIL MOTOR	11111 BB 14 1 4.0 1	•
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Principal Place of Business 3. Mailing Address			<u> </u>			EU105 11911 00111 0		11111 9911 1891	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0435567		 +-	pplied For ot Applicable	
Zip	Country	Zip Country		, — —	5. Certificate of Status Desired		75 Add Require		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Ager	nt		
MITCHELL	MICHAEL M			Name 1	•				
	., MICHAEL M ISON STREET			Street Address (P.O. Box Number is Not Acceptable)				
FORT MY	ERS FL 33916								ĺ
			-	City		FL	Zip Code	e	
	e named entity submits this statement for	r the purpose of changing its r	registered	office or register	ed agent, or both, in the State of Flori		iar with,	and accept	
the obligat	tions of registered agent.								ļ. ,
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Pagistered A	gent signature required	when rejectation)	DATE			
		and the mappingarie. (NOTE.	- Tiografied A		witer tenseating)	DATE			ĺ
Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Bayable to Florida Department of	l State			 Election Campaign Fina Trust Fund Contribution. 			May Be	
After Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		14		Trust Fund Contribution.		Added	I to Fees	
Aftei	r May 1, 2003 Fee will be \$550.00	DIRECTORS	11.			ERS AND DIR	Added	I to Fees	02)
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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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date