

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 005 ***550.00

0010141 AV

DOCUMENT # P99000022053

1. Entity Name
PLSM, INC.

Principal Place of Business
**203 RIVERBEND COURT
 LONGWOOD FL 32779**

Mailing Address
**203 RIVERBEND COURT
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

203 PARK LAKE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

59-3563462

Applied For

Not Applicable

Zip

Country

32803

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

**WARD, WALTER C
 203 RIVERBEND COURT
 LONGWOOD FL 32779**

WARD, WALTER C.

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

203 PARK LAKE ST

City

ORLANDO

FL

Zip Code

32803

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

Walter C Ward

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME **WARD, WALTER C**
 STREET ADDRESS **46 S.W. 1ST STREET**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D** ☒ Change ☐ Addition
 NAME **WARD, WALTER C**
 STREET ADDRESS **203 PARK LAKE ST.**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **D** ☒ Delete
 NAME **CAGGIANO, ANTHONY J**
 STREET ADDRESS **46 S.W. 1ST STREET**
 CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Walter C Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-13-01 407-244-142

CR2E024 (5/01)