

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90108 045 ***150.00

DOCUMENT # P99000029961

1. Entity Name
PMS ENTERPRISES OF ORLANDO, INC.

Principal Place of Business

**1296 SETTLERS LOOP
GENEVA FL 32732**

Mailing Address

**1296 SETTLERS LOOP
GENEVA FL 32732**

2. Principal Place of Business

PARK CENTER CAFE

3. Mailing Address

2500 MAITLAND CENTER PKWY

Suite, Apt. #, etc.

2500 MAITLAND CENTER PKWY

Suite, Apt. #, etc.

Suite 110

City & State

MAITLAND FLA.

City & State

MAITLAND FLA.

Zip

32751

Country

USA

Zip

32751

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, PATRICK L
1296 SETTLERS LOOP
GENEVA FL 32732**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PT MOORE, SHARON L 1296 SETTLERS LOOP GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOORE, PATRICK L 1296 SETTLERS LOOP GENEVA FL 32732	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon Moore SHARON MOORE PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 407-660-0263

Date

Daytime Phone #

CR2E034(10/00)