

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047423

1. Entity Name  
PMD, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90028 014 \*\*\*158.75

Principal Place of Business  
5172 ELPINE WAY  
PALM BEACH GARDENS FL 33418

Mailing Address  
5172 ELPINE WAY  
PALM BEACH GARDENS FL 33418

A0074488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0920337

Applied For

Not Applicable

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

DEPASQUALE, PHILIP  
5172 ELPINE WAY  
PALM BEACH GARDENS FL 33418

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSDT  
DEPASQUALE, PHILIP  
5172 ELPINE WAY  
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-21-00

Date

561-881-1422

Daytime Phone #

CR2E034 (5/00)

Attachment Doc#: 1997004142  
A0074408

P.M.D

PMD Inc.

5172 Elpine Way ~ Palm Beach Gardens FL 33418 ~ U.S.A  
Phone 1-561-722-7600 ~ Fax 1-561-881-1438 ~ Home Phone 1-561-881-1422 ~ Email Movin1997@AOL.Com

August 22, 2000

To Whom it may concern,

I am writing this letter to try to explain to you why this report is late. This is my first year as a Corporation and I was not aware of the annual 150.00 filling fee. I called your office (Dept Of State) and they told me a letter went out to advise me of this fee. I did not receive this letter. I received your letter with the title FILE NOW REPORT DUE SEPT 13-00 . I put it aside thinking I had plenty of time. I ( my fault ) thought that it was a mandatory survey. When I opened it , boy was I surprised. I am the President and only employee of the corporation. There is no way, if I received a bill for my corporation that said pay 150.00 now or 550.00 later I would have not filed. I am always on time with payments as my credit bureaus will reflect. I will not happen again am now aware of the fee. Thank you for your time....

Please waive the fee.

Philip DePasquale

