

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90878 045 ***150.00

DOCUMENT # P99000053397

1. Entity Name

PMS ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

998 S. WILSON STREET

3. Mailing Address

998 S. WILSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

4. FEI Number

59-3586512

Applied For

Not Applicable

Zip

32536-4422

Country

Okaloosa

Zip

32536-4422

Country

Okaloosa

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PAYNE, LINDA G.

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

105 NAVAJO TRACE

City

CRESTVIEW

FL

Zip Code

32536-9563

**DO NOT WRITE
IN THIS SPACE**

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

Linda G. Payne

Linda G. payne

4/29/2002

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	MEREDITH, VIVIAN B.	135 STEEPLECHASE DRIVE	CRESTVIEW, FL 32536				
SECRETARY	PAYNE, LINDA G.	105 NAVAJO TRACE	CRESTVIEW, FL 32536-9563				

**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

Linda G. Payne

Linda G. Payne

4/29/2002

850/689-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)