

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000091407**

1. Entity Name

P.D.M. GROUP, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90229 003 ***150.00

Principal Place of Business

**707 SAMMS AVE.
SUITE M
DAYTONA BEACH FL 32119**

Mailing Address

**707 SAMMS AVE.
SUITE M
DAYTONA BEACH FL 32119**

2. Principal Place of Business

5889 Airport Rd.

Suite, Apt. #, etc.

Ste 1303

3. Mailing Address

PO Box 290969

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32124

Country

USA

Zip

32127

Country

USA

6. Name and Address of Current Registered Agent

**SPENCE, HAL
221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	PEACOCK, JAMES R JR	4525 S. ATLANTIC AVE. #1301	DAYTONA BEACH FL 32127	

PD	MORGAN, PHILIP W	6069 SABAL CREEK BLVD.	DAYTONA BEACH FL 32124	<input type="checkbox"/> Delete
----	------------------	------------------------	------------------------	---------------------------------

V	PEACOCK, JAMES R JR	3757 S. ATLANTIC AVE. #705	DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete
---	---------------------	----------------------------	------------------------	---------------------------------

V	WILSON, DONALD	6350 PARRA CT.	DAYTONA BEACH FL 32124	<input type="checkbox"/> Delete
---	----------------	----------------	------------------------	---------------------------------

S	MORGAN, LUCY D	6069 SABAL CREEK BLVD.	DAYTONA BEACH FL 32124	<input type="checkbox"/> Delete
---	----------------	------------------------	------------------------	---------------------------------

				<input type="checkbox"/> Delete
--	--	--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	------	----------------	-------------	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 904 788 3117

CR2E034 (10/00)

000671