## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 05, 2000 8:00 am DOCUMENT # **P99000103644** 1. Entity Name **Secretary of State** PGM VENTURES, INC. 05-05-2000 90050 020 \*\*\*150.00 Principal Place of Business Mailing Address :: US 41 NORTH #2203 6201 US 41 NORTH #2203 PAINETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address 6201 US41 N. 5AME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. DEI Number 65-0964166 Not Applicable PALMETTO Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required USA 34221 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME MINER, EUGENE H... Street Address (P.O. Box Number is Not Acceptable) -----6201 US 41 NORTH #2203 PALMETTO FL 34221 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. -Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 66/6) PRESIDENT, TREASURE, SECTY Delete Addition TITLE TITLE PHYLLIS M. MINER 6201 US 41 N, #2203 NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-71P CITY-ST-ZIP ☐ Addition PRESIDENT ☐ Chance ☐ Delete TITE F EUGENE H. MINER 6201 US 41 N, # 2203 NAME NAME STREET ADDRESS STREET ADDRESS FL 34221 CITY-ST-ZIP CITY-ST-ZIP PAL METTO ☐ Change ☐ Addition Delete un E TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.