

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104496

1. Entity Name
PM MITIGATION BANK, INCORPORATED

Principal Place of Business

Mailing Address

~~2036 ASHLEY DR E, UNIT B
WEST PALM BEACH FL 33415~~

~~2036 ASHLEY DR E, UNIT B
WEST PALM BEACH FL 33415~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 2673

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

FL

Zip

County

33480

Palm Beach

Zip

Country

4. FEI Number

65-0968450

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LAPIERRE, GENE~~

~~2936 ASHLEY DR E, UNIT B
WEST PALM BEACH FL 33415~~

Name

W. L. LeNeve

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

350 So. County Rd
201

City

Palm Beach, FL

FL

Zip Code

33480

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

4-24-01

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
D
LAPIERRE, GENE
2936 ASHLEY DR E, UNIT B
WEST PALM BEACH FL 33415

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
W. Lawrence LeNeve
350 So. County Rd # 201
Palm Beach, FL 33480

☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Lawrence LeNeve

President 4-24-01

561

832-1299



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)