

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90103 036 ***150.00

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DOCUMENT # V20852

1. Entity Name

PROFESSIONAL MANAGEMENT ASSOCIATION SYSTEMS, INC.



Principal Place of Business

3020 NE 32ND AVE

#1412

FORT LAUDERDALE FL 33308

US

Mailing Address

3020 NE 32ND AVE

#1412

FORT LAUDERDALE FL 33308

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0396276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAILEY, NANCY KAY

3020 NE 32ND AVE

#1412

FORT LAUDERDALE FL 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

PST
DAILEY, NANCY KAY
3020 NE 32ND AVE #1412
FORT LAUDERDALE FL 33308

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Kay Dailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

Date

Daytime Phone #

954-326
1930

CR2E034 (4/03)

Attachment
80147864
P. M. A. SYSTEMS, INC.

**3020 N. E. 32nd Avenue, Suite 1412
Fort Lauderdale, Florida 33308
954-566-1747**

**Nancy K. Dailey
President**

September 8, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

To Whom it May Concern:

Re: Document # V20852; Uniform Business Report

Please accept this letter of verification that after an extensive search for the initial notice of the UBR to the above letterhead address, we have been unable to find it and we show no record of receiving it. Therefore, please accept the original \$150.00 filing fee that would have been paid if I had received the original notice.

Thank you for your immediate attention to this request.

Sincerely yours,

Nancy K. Dailey

Nancy K. Dailey
President

Enclosure: UBR and check.