

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90050 041 ****61.25

DOCUMENT # N00000002608

1. Entity Name

PUBLIC ARCHAEOLOGY RESEACH CENTER, INC.

Principal Place of Business

Mailing Address

**4 WALNUT COURT
 ORMOND BEACH FL 32174**

**4 WALNUT COURT
 ORMOND BEACH FL 32174**

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

59-3637810

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIATEK, BRUCE
 4 WALNUT COURT
 ORMOND BEACH FL 32174**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE*	T	<input type="checkbox"/> Delete
NAME	PIATEK, BRUCE	
STREET ADDRESS	4 WALNUT COURT	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, DOROTHY	
STREET ADDRESS	PO BOX 504	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRIN, BARBARA	
STREET ADDRESS	465 WILDWOOD DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANGE, ROGER JR DR	
STREET ADDRESS	301 BEACHWAY AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	POIRIER, FRANK E DR	
STREET ADDRESS	420 GREENGLADE AVE	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCOFIELD, TOM	
STREET ADDRESS	536 WEST PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL 32720	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: _____

BRUCE J. PIATEK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

386-446-7630
 Daytime Phone #

CR2E037 (9/01)