

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004113

1. Entity Name

PCAC, INC.

Principal Place of Business

1501 NE 62ND STREET
FORT LAUDERDALE FL 33334-5199

Mailing Address

1501 NE 62ND STREET
FORT LAUDERDALE FL 33334-5116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE 3 AVENUE SUITE 1100
FORT LAUDERDALE FL 33301

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 PD ☐ Delete
NAME COWGILL, LOURDES M DR.
STREET ADDRESS 1501 NE 62ND STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33334-5199

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

TITLE D ☒ Delete
NAME GRINDITCH, WILLIAM
STREET ADDRESS PO BOX 50210
CITY-ST-ZIP LIGHTHOUSE PTE FL 33074

TITLE ☐ Change ☒ Addition
NAME John Leech
STREET ADDRESS 6530 N.E. 20 Way
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE D ☐ Delete
NAME SMITH, DENNIS
STREET ADDRESS 110 SE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

Louder M. Cowgill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louder M. Cowgill (954)
1/31/2000 442-4194

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90122 037 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)