

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90112 039 \*\*\*158.75

**DOCUMENT # P96000097405**

1. Entity Name  
**PUBLIC AGENCY CONTRACTING AND CONSULTING, INC.**



Principal Place of Business  
**1500 CORDOVA ROAD STE 210  
FT LAUDERDALE FL 33316**

Mailing Address  
**1500 CORDOVA ROAD STE 210  
FT LAUDERDALE FL 33316**

2. Principal Place of Business  
**439 N.E. 7th Avenue**

3. Mailing Address  
**439 N.E. 7th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number **65-0661912**

Applied For  
Not Applicable

Zip  
**33301**

Country

Zip  
**33301**

Country

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MUTH, CATHERINE  
1500 CORDOVA ROAD STE 210  
FT LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

Name  
**Karen S. Ammar**  
Street Address (P.O. Box Number is Not Acceptable)  
**439 N.E. 7th Avenue**  
City  
**Fort Lauderdale** FL Zip Code  
**33301**

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

**3/18/03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CATHERINE MUTH	1500 CORDOVA RD., STE 210	FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/>
PD	AMMAR, KEVIN N	1500 CORDOVA RD., STE 210	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
STD	AMMAR, KAREN S	1500 CORDOVA RD., STE 210	FT. LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
		<b>439 N.E. 7th Avenue</b>	<b>Fort Lauderdale, FL 33301</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>439 N.E. 7th Avenue</b>	<b>Fort Lauderdale, FL 33301</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** **Karen S. Ammar / President 3/20/03 (954) 763-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)