

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 382984

1. Entity Name  
PPFCD, CORP.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90063 004 \*\*\*158.75

Principal Place of Business  
480 A1A BEACH BLVD  
ST. AUGUSTINE BEACH FL 32084  
US

Mailing Address  
480 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084  
US



DO NOT WRITE IN THIS SPACE

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	59-1351783	Applied For
		Not Applicable
5. Certificate of Status Desired	XXX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMPLE, PERRY M  
2120 COUNTRY CLUB, RD. S.  
MELBOURNE FL 32901

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 Perry M Sample January 16 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	STD	TITLE	
NAME	SAMPLE, PERRY M	NAME	
STREET ADDRESS	2120 COUNTRY CLUB, RD. S.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SAMPLE, SONYA E.	NAME	
STREET ADDRESS	2120 COUNTRY CLUB RD S	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

CR2E034 (10/00)