

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90076 024 \*\*\*150.00

**DOCUMENT # 539165**

1. Entity Name  
**PEPCO CORP.**

Principal Place of Business

**31300 BLUE STAR HWY  
 MIDWAY FL 32343**

Mailing Address

**31300 BLUE STAR HWY  
 MIDWAY FL 32343**

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

**59-1764877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POTTER, MARLENE N.  
 31300 BLUE STAR HWY(US 90  
 MIDWAY FL 32343**

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

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	POTTER, PHILIP E	
STREET ADDRESS	3592 GARDENVIEW WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POTTER, MARLENE N	
STREET ADDRESS	3592 GARDENVIEW WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POTTER, KEITH A	
STREET ADDRESS	1107 GREENWOOD STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POTTER, LISA A	
STREET ADDRESS	7510 SW KEY BLVD #3311	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip E Potter	
STREET ADDRESS	3592 Gardenview Way	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene N Potter	
STREET ADDRESS	3592 Gardenview Way	
CITY-ST-ZIP	Tallahassee FL 32309	
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
NAME		
STREET ADDRESS		
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: Philip E Potter  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2002  
 Date

850-576-8822  
 Daytime Phone #

CR2E034 (9/01)