## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am § Secretary of State DOCUMENT # F00000003075 1. Entity Name 05-13-2002 90059 044 \*\*\*150.00 PC ACCEPTANCE.COM, INC. Principal Place of Business Mailing Address 5425 ROBIN HOOD RD. STE 101-B 5425 ROBIN HOOD RD. STE 101-B B0097506 NORFOLK VA 23513 NORFOLK VA 23513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1979156 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CD TITLE ☐ Addition NAME RALEY JR, ROBERT S NAME STREET ADDRESS 5425 ROBIN HOOD RD, STE 101B STREET ADDRESS CITY-ST-ZIP NORFOLK VA CITY-ST-7IP PD ☐ Delete TITLE ☐ Change ☐ Addition TRAY, RONALD G NAME STREET ADDRESS 5425 ROBIN HOOD RD, STE 101B STREET ADDRESS CITY-ST-ZIP NORFOLK VA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME **NEWLON. DENISE** NAME STREET ADDRESS 5425 ROBIN HOOD RD #101B STREET ADDRESS CITY-ST-ZIP NORFOLK VA 23513 CITY-ST-ZIP DDE ☐ Detete TITLE Change Addition NAME PICCOLA, M. PATRICIA NAME STREET ADDRESS 5425 ROBIN HOOD RD, STE 101B STREET ADDRESS CITY-ST-7IP NORFOLK VA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME PARIS JR, JOHN M NAME STREET ADDRESS ONE COLUMBUS CENTER STE 900 STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA CITY-ST-ZIP Delete TITLE Change Addition

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 at subcrible empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AMMUIRED RONALD G. TRAY

4/24/02 (757) 858-1400