

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90238 047 \*\*\*550.00

0136486 AT

**DOCUMENT # F95000000425**

1. Entity Name

**PCE CONSTRUCTORS, INC.**

Principal Place of Business

**11328 PENNYWOOD AVE.  
 BATON ROUGE LA 70809  
 US**

Mailing Address

**P.O. BOX 46417  
 BATON ROUGE LA 70895  
 US**

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

**72-1082832**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ROBARDS, BOB N**  
 CITY-ST-ZIP **10537 RONDO AVE.  
 BATON ROUGE LA 70815**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ROBARDS, MARK N**  
 CITY-ST-ZIP **5327 BAYRIDGE DR  
 BATON ROUGE LA 70817**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6225 Hickory Ridge Blvd.**  
 CITY-ST-ZIP **Baton Rouge, LA 70817**

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **DESSELLES, RHONDA M**  
 CITY-ST-ZIP **3821 BYRD DR.  
 BATON ROUGE LA 70814**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ALLEN, MARK H**  
 CITY-ST-ZIP **313 DUNLIN LN  
 COPPELL TX**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **37310 Manchac Lane**  
 CITY-ST-ZIP **Prairieville, LA 70769**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Rhonda M Deselles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 JUL 01**

Date

**225-368-0010**

Daytime Phone #

CR2E034 (5/01)