

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90027 041 \*\*\*158.75

DOCUMENT # K12479

1. Entity Name

P.C. MOTORS, INC.

Principal Place of Business

3320 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804  
US

Mailing Address

831 MYSTIC OAK PL  
APOPKA FL 32712  
US

2. Principal Place of Business

3405 N. ORANGE BLOSSOM TR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLA.

City & State

4. FEI Number

59-2882598

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

Country

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

CICCARELLO, SALVATORE  
3320 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

Name

SALVATORE CICCARELLO

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

831 MYSTIC OAK PL.

City APOPKA

FL

Zip Code 32712

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

*Salvatore Ciccarello*

SALVATORE CICCARELLO

4/16/01

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	D	<input type="checkbox"/> Delete
NAME	CICCARELLO, SALVATORE	
STREET ADDRESS	831 MYSTIC OAK PL.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRENDA L MCGUANE	
STREET ADDRESS	831 MYSTIC OAK PL.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, BRENDA, L.	
STREET ADDRESS	831 MYSTIC OAK PL.	
CITY-ST-ZIP	APOPKA, FLA. 32712	
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

*Salvatore Ciccarello*

SALVATORE CICCARELLO

4/16/01

(407) 297 4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)