03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 30 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K14679 ~~454892~~

1. Entity Name
P.C.A Protective Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3931 R.C.A Blvd.		3931 R.C.A Blvd.	
Suite, Apt. #, etc. 3117		Suite, Apt. #, etc. 3117	
City & State Palm Beach Gdns, FL.		City & State Palm Beach Gardens FL.	
Zip 33410	Country USA	Zip 33410	Country USA

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4. FEI Number 65-0028970 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Patricia A. Gallione
Street Address (P.O. Box Number is Not Acceptable) 3931 RCA Blvd., # 3117
City Palm Beach Gardens FL Zip Code 33410

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Patricia A. Gallione
STREET ADDRESS	3931 R.C.A. Blvd. # 3117
CITY-ST-ZIP	Palm Beach Gdns, FL. 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A Gallione — 4/28/03 — (561) 625-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #