

2001 UNIFORM BUSINESS REPORT (UBR)

0016721 AF

DOCUMENT # L00000000708

1. Entity Name
PCC INT'L, L.L.C.

FILED

01 MAR 23 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13214 BLISSFIELD ROAD
ODESSA FL 33556-3501

Mailing Address
13214 BLISSFIELD ROAD
ODESSA FL 33556-3501



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

59-3620044

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ROBERT BLACKMAN
Street Address (P.O. Box Number is Not Acceptable)
13214 BLISSFIELD ROAD
City ODESSA FL Zip Code 33556-3501

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 ROBERT BLACKMAN OPERATIVE MANAGER
Signature, typed or printed name of registered agent and title if applicable.

Robert Blackman
(NOTE: Registered Agent signature required when reinstating)

3-20-01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE OPERATIVE MANAGER ☐ Delete
NAME ROBERT BLACKMAN
STREET ADDRESS 13214 BLISSFIELD ROAD
CITY-ST-ZIP ODESSA FLORIDA, 33556-3501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500003931265--2
STREET ADDRESS -03/30/01--01052--001
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT BLACKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-20-01

Date

813-926-1268

Daytime Phone #

CR2E083 (11/00)