2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000708

1. Entity Name



FILED Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90151 021 ****50.00

PCC INT'	L, L.L.C.					05 10 2005	20131 0	21 30	5.00
Principal Place of Business 13214 BUSSFIELD ROAD ODESSA FL 33556-3501		Mailing Address 13214 BUSSFIELD ROAD ODESSA FL 33556-3501) 189((8)	ı Bir 83kı Başkı 86ki	88 01 88 01 8	.	 10 10 10 10 10 10 10 10	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE	IF MAKIN	3 CHANGES	6	
City & State		City & State			4. FEI Numb	er 59-362004 4	1	<u> </u>	pplied For lot Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate	e of Status Desired		\$5.00 Ac	
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and	Address of New Re	egistered	Agent	
RI A	CKMAN DOREDT			Name	e see a garage			-	
BLACKMAN, ROBERT 13214 BLISSFIELD ROAD ODESSA FL 33556-3501				Street Address (F	P.O. Box Numb	er is Not Acceptable))		
ODL	.00A 1 E 00000-0001								
				City			FL	Zip Coo	de
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistere	ed office or registere	ed agent, or bo	th, in the State of Flor	rida. I am	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registere	d Agent signature required:	when reinstating)		DATE		
		FILE NO	A/111 F	FEE IS \$50.00					
		Make Check Payable			nt of State				
				ay 1, 2003					
9.	MANAGING MEMBE	I :RS/MANAGERS	10.	·		ADDITIONS/	CHANGES	<u> </u>	
TITLE	MGR	☐ Delete	TITLE	E				☐ Change	☐ Addition
NAME	BLACKMAN, ROBERT		NAM	-					
STREET ADDRESS	13214 BLISSFIELD ROAD			EET ADDRESS		•			
CITY-ST-ZIP	ODESSA FL 33556-3501		4	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE	-	Delete	TITLE	E				Change	☐ Addition
NAME			NAM	I					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
				-ST-ZIP					- Addition
TITLE Name		☐ Delete	TITLE	I				Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	·				☐ Change	Addition
NAME			NAMI						
STREET ADORESS .				ET ADDRESS - ST- ZIP					
TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME		□ Derete	NAME					LI VIIdilye	☐ Auddull
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					<u> </u>
11. I bereby o	certify that the information supplied with	this filing dose not qualify for th	ha avar	motion stated in Sec	tion 119 07/31/	i) Florida Statutos I	further cor	tifu that the	information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the informatic 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: SIGNATURE ON TYPED OR PRINTED

3-13-03