

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023637 AF

DOCUMENT # L00000014749

1. Entity Name  
PC&C INVESTMENT SERVICES, LLC

FILED

01 MAR 30 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 33 FLAGLER AVE. STUART FL 34994	Mailing Address 33 FLAGLER AVE. STUART FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-1052013	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PROCTOR, GORDON O  
33 FLAGLER AVE.  
STUART FL 34994

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Proctor, Gordon O. 1110 N.E. Town Terrace Jensen Beach, FL 34957 <input type="checkbox"/> Delete
TITLE VT NAME STREET ADDRESS CITY-ST-ZIP	Crook, T. Michael 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Crowder-McCoy, Nancy B 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Payne, Kevin M 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Laycock, Todd J. 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Sanders, Wayne S. 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Copeland, Laurie D. 33 Flagler Ave. Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gordon O. Proctor, Pres. 3/15/01 (561) 283-2356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)