

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

04-28-2003 91001 038 ****50.00

DOCUMENT # L02000030201

1. Entity Name
PCS VENTURE PARTNERS, LLC



Principal Place of Business
**3837 NORTHDAL BLVD., SUITE 303
TAMPA FL 33624**

Mailing Address
**3837 NORTHDAL BLVD., SUITE 303
TAMPA FL 33624**

2. Principal Place of Business
3105 Waters Ave.

3. Mailing Address
3105 Waters Ave.

Suite, Apt. #, etc.
#109

Suite, Apt. #, etc.
#109

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33614

Hillsborough

33614

Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number

02-0651779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**QUARTERMAN, DONALD E
2814 ORMANDY COURT
TAMPA FL 33618**

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

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PINNACLE CORPORATE SERVICES, LLC
3837 NORTHDAL BLVD., SUITE 303
TAMPA FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Partner
Don Quarterman Jr.
2814 Ormandy Ct
Tampa FL 33618** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED
Don Quarterman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-1-03
Date

813-376-0306
Daytime Phone #

0025148 FP

CR2E083 (4/03)

attachment

4/28/2003-91001-038-\$50.00-\$50.00

**2003 LIMITED LIABILITY COMPANY
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CREATED BY (10/02)