

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90164 038 ***150.00

DOCUMENT # **M28794**

1. Entity Name
PERSONAL AND COMMERCIAL ENTERPRISE, INC.



Principal Place of Business
**1191 E. NEWPORT CENTER DRIVE
208
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1191 E. NEWPORT CENTER DRIVE
208
DEERFIELD BEACH FL 33442
US**



2. Principal Place of Business
660 Linton Blvd #213
Suite, Apt. #, etc.
213

3. Mailing Address
660 Linton Blvd #213
Suite, Apt. #, etc.
213

CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL
Zip
33444 Country
USA

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Delray Beach FL
Zip
33444 Country
USA

4. FEI Number **59-2658097**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, MARTIN L.
1191 E. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33441**

Name
Gardner Martin L.
Street Address (P.O. Box Number is Not Acceptable)
660 Linton Blvd. #213
City
Delray Beach FL Zip Code
33444

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 **Mart L. Gardner**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/22/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME GARDNER, MARTIN L.	
STREET ADDRESS 1191 E. NEWPORT CENTEL DR.	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME GARDNER, JOAN	
STREET ADDRESS 1191 E. NEWPORT CENTREL DRIVE	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gardner Martin L.	
STREET ADDRESS 660 Linton Blvd #213	
CITY-ST-ZIP Delray Beach, FL 33444	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gardner Joan	
STREET ADDRESS 660 Linton Blvd #213	
CITY-ST-ZIP Delray Beach, FL 33444	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/22/2003** DAYTIME PHONE #: **(561) 921-0642**

CR2E034 (10/02)