

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44015

1. Entity Name

P. C. H. MARKETING, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90003 037 ***150.00

Principal Place of Business

Mailing Address

4612 SW BRANCH TERRACE
PALM CITY FL 34990

4612 SW BRANCH TERRACE
PALM CITY FL 34986-2001
US

2. Principal Place of Business

1345 SW Cedar Cove Rd

3. Mailing Address

1345 SW Cedar Cove Rd

Suite, Apt. #, etc.

Port St. Lucie

Suite, Apt. #, etc.

Port St. Lucie

City & State

Florida

City & State

Florida

Zip
34986

Country
USA

Zip
34986

Country
USA

4. FEI Number

59-2756358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, LAWRENCE
1345 SW CEDAR COVE RD
PORT ST LUCIE FL 34986

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOD, PHILLIP C.
STREET ADDRESS 4612 SW BRANCH TERRACE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE D
NAME HOOD, TROYCE
STREET ADDRESS 4612 SW BRANCH TERRACE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Hood Phillip C.
STREET ADDRESS 5307 Highstream Ct.
CITY-ST-ZIP Greensboro, N.C. 27407

TITLE D ☒ Change ☐ Addition
NAME Hood, Troyce A.
STREET ADDRESS 5307 Highstream Ct.
CITY-ST-ZIP Greensboro, N.C. 27407

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

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

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

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

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)