

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44015

1. Entity Name

P. C. H. MARKETING, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90018 016 ***150.00

Principal Place of Business

1345 SW CEDAR COVE RD
PORT SAINT LUCIE FL 34986
US

Mailing Address

1345 SW CEDAR COVE RD
PORT SAINT LUCIE FL 34986
US

529735

2. Principal Place of Business

5660 NE 56 Street

Suite, Apt. #, etc.

3. Mailing Address

5660 NE 56 Street

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

High Springs, FL

4. FEI Number

59-2756358

Applied For

Not Applicable

Zip

32643

Country

USA

Zip

32643

Country

USA

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

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

Name

Hood, Lawrence

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

5660 NE 56 Street

City

High Springs

FL

Zip Code

32643

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HOOD, PHILLIP C.
5307 HIGHSTREAM CT
GREENSBORO NC 27407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

D
HOOD, TROYCE
5307 HIGHSTREAM CT
GREENSBORO NC 27407

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 (10/00)