

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000011

1. Entity Name

CHARLOTTE COUNTY PC USERS' GROUP, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90076 004 ****61.25

0070807

Principal Place of Business

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US

Mailing Address

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US

000141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0451300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II
FARR, FARR, EMERICH, SIFRIT, ET AL
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	MASTRO, JIM	STREET ADDRESS	1266 STRASBURG DRIVE	CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	LEN HARVEY	NAME	FISCHER, GERHARD	STREET ADDRESS	1206 RICHTER STREET	CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	S	NAME	RENNERT, ROSE	STREET ADDRESS	3038 PINETREE STREET	CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	T	NAME	MASTRO, MARDELLE	STREET ADDRESS	1266 STRASBURG DRIVE	CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D	NAME	HAUG, ARTHUR	STREET ADDRESS	25180 MARION AVE #A-106	CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D	NAME	LOCKIE, T. ANGUS	STREET ADDRESS	2100 KINGS HIGHWAY, UNIT 991	CITY-ST-ZIP	PORT CHARLOTTE FL 33952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	NICK COLON	STREET ADDRESS	4252 HARBOR BLVD.	CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D	NAME	ANGELIKA CROTEAU	STREET ADDRESS	415 W. MARION AVE	CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D	NAME	GUICE JOHNSON	STREET ADDRESS	150 CRESCENT DRIVE	CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D	NAME	GEORGE BAKER	STREET ADDRESS	19428 MIDWAY BLVD.	CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		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 617, 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: *Barbara Kooops*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 941-625-1435

Date

Daytime Phone #

CR2E037 (10/00)