

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004113

1. Entity Name

PCAC, INC.

Principal Place of Business

1501 NE 62ND STREET
FORT LAUDERDALE FL 33334-5199

Mailing Address

1501 NE 62ND STREET
FORT LAUDERDALE FL 33334-5199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE 3 AVENUE SUITE 1100
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Daniel P J O'Connor
Street Address (P.O. Box Number is Not Acceptable)
Brinkley McNairy Solomon & Tatum LLP
200 East Las Olas Blvd Suite 1900
City Ft Lauderdale FL Zip Code 33301

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	PD	<input type="checkbox"/> Delete
NAME	COWGILL, LOURDES M DR.	
STREET ADDRESS	1501 NE 62ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334-5199	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LEECH, JOHN	
STREET ADDRESS	6530 NE 20 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS	
STREET ADDRESS	110 SE 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Blosser	
STREET ADDRESS	1761 SE 9th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
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 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:

Louder M. Cowgill, Lourdes M. Cowgill 3/28/02 754 492-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90053 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)