

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000007193** ✓

1. Entity Name
PCBC, Incorporated

Principal Place of Business Mailing Address
2400 South Ridgewood Avenue, Suite 212
South Daytona, Florida 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#22

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3614141

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0051246

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

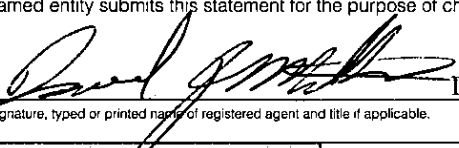
Name
David J. Mattice

Street Address (P.O. Box Number is Not Acceptable)
3027 San Diego Road

Jacksonville, Florida 32207

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  David J. Mattice, Director 4/6/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Delete
Steve Sally
STREET ADDRESS 2400 S. Ridgewood Ave #32
CITY-ST-ZIP South Daytona, FL 32119

TITLE NAME ☐ Change ☒ Addition
Deborah Theilen
STREET ADDRESS 2600 S. Ridgewood Avenue
CITY-ST-ZIP South Daytona, Florida 32119

TITLE NAME ☒ Delete
Margaret Carroll
STREET ADDRESS 2400 S. Ridgewood
CITY-ST-ZIP South Daytona, FL 32119

TITLE NAME ☐ Change ☒ Addition
James E. Patrick
STREET ADDRESS 2400 S. Ridgewood
CITY-ST-ZIP South Daytona, Florida 32119

TITLE NAME ☐ Delete
David A. Bundy
STREET ADDRESS 2400 S. Ridgewood
CITY-ST-ZIP South Daytona, FL 32119

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
David J. Mattice
STREET ADDRESS 3027 San Diego Road
CITY-ST-ZIP Jacksonville, Florida 32207

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Mattice

4/6/01

904-348-2840

Date

Daytime Phone #

CR2E037 (11/00)