

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

1012

**FILED**

**03 APR -8 AM 8:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000004533**

1. Entity Name

PCI SERVICE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**539 N. MILLS AVE.**

3. Mailing Address  
**539 N. MILLS AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number **91-1977938**

Applied For  
Not Applicable

Zip  
**32803**

Country  
**US**

Zip  
**32803**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name **CHRISTINE CHEW**

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

**539 N. MILLS AVE.**

City **ORLANDO**

**FL**

Zip Code  
**32803**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**4/4/2003**

Signature, typed or printed name of registered agent, and date, not feeble.

(NOTE: Registered Agent signature required when terminating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P KUO, TIEN-FU 539 N. MILLS AVE. ORLANDO, FL 32803</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/2003**

DATE

**(407) 894-7259**

DAYTIME PHONE #

CR2E034B (12/02)

20f2

**PCI SERVICE, INC.**

539 N MILLS AVE.  
ORLANDO, FL 32803

April 4, 2003

Florida Department of State  
P.O.BOX 6327  
Tallahassee, FL 32314

SUBJECT: 2002/2003 ANNUAL REPORT

DOCUMENT NUMBER: P00000004533

Dear Sir or Madam,

We refer to the above matter. Please note that we have not received the 2002 and 2003 uniform business report forms.

We have already changes our mailing address to 539 N MILLS AVE., ORLANDO, FL 32803 in our 2001 UBR; however, the address that your office post on the website is incorrect. That might be the reason that we have not received any notice from your office. Please review the enclosed copies of 2001 UBR and information posted on public inquiry database of your website.

Enclosed please find the check of \$300.00 for 2002 and 2003 filing fees. It would be highly appreciated if you could kindly correct your record and file our company as active account.

Thank you.

Yours truly,

  
Christine Chew / Register Agent