

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90062 002 ***150.00

DOCUMENT # P00000007224

1. Entity Name
P.D.C. GROUP, INC.

Principal Place of Business 16810 HARBOR COURT WESTON FL 33326	Mailing Address 16810 HARBOR COURT WESTON FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6430 SW 188 Ave	3. Mailing Address 6430 SW 188 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Davie FL	City & State Davie FL	4. FEI Number 65-0977164	Applied For <input type="checkbox"/> Not Applicable
Zip 33332	Country USA	Zip 33332	Country USA

6. Name and Address of Current Registered Agent SOUTHEAST BUSINESS SOLUTIONS, INC. 531 NW 132 TERR. PLANTATION FL 33325	7. Name and Address of New Registered Agent Name Kristopher Parrillo Street Address (P.O. Box Number is Not Acceptable) 6430 SW 188 Ave City Davie FL 33332 FL Zip Code 33332
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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: (NOTE: Registered Agent signature required when reinstating) DATE: **4/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 PARRILLO, KRISTOPHER 16810 HARBOR COURT WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6430 SW 188 Ave Davie FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRILLO, ANTHONY 16810 HARBOR COURT WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6430 SW 188 Ave Davie FL 33332
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/11/01** (954) 385-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)