

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90049 046 ***150.00

DOCUMENT # P00000019849

1. Entity Name

PC STAFFING, INC.

Principal Place of Business

1525 S ANDREWS AVE. SUITE 216
FT LAUDERDALE FL 33316

Mailing Address

1525 S ANDREWS AVE. SUITE 216
FT LAUDERDALE FL 33316

2. Principal Place of Business

25400 US 19 North

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite 253

Suite, Apt. #, etc.

City & State

Cleewater, Florida

City & State

4. FEI Number

59-3629629

Applied For

Not Applicable

Zip

33763

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Robert Everding

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

9104 Sacramento Dr.

City

New Port Richey

FL

Zip Code

34685

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

Robert Everding, CEO/ST

2-18-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

President
Wendy A. Alexander, TINA M.
1202 Seagate Dr. #204
Palmdale, FL 34685

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

ST
Everding, Robert
9104 Sacramento Dr.
New Port Richey, FL 34685

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Vice President
Alexander, Stephen
1202 Seagate Dr. #204
Palmdale, FL 34685

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Palmdale, FL 34685

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 807, 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:

Robert Everding

2-18-01 721-570-4468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)