

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 044 ***150.00

DOCUMENT # P00000023024

1. Entity Name

PC DOC 2000, Inc.

DO NOT WRITE IN THIS SPACE

B0101807

2. Principal Place of Business

950 N. Collier Blvd., Ste

3. Mailing Address

950 N. Collier Blvd.

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

59-3634653

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gary J. Hausler, Esq.

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

950 N. Collier Blvd., Suite 301

City

Marco Island, FL

FL

Zip Code
34145

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kroemer, Michael J.
2070 Rookery Bay Dr. #2502
Naples, FL 34114

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 941-248-0550
Date Daytime Phone #

CR2E034B (12/01)