

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000023345**

1. Entity Name

P.C.R. COMPANY

FILED

02 OCT -7 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7535 SHERIDAN RD.
MELBOURNE FL 32904

Mailing Address

7535 SHERIDAN RD.
MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS, PAUL C
7535 SHERIDAN RD.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

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

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing the 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 reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D RICHARDS, PAUL C
STREET ADDRESS 7535 SHERIDAN RD.
CITY-ST-ZIP MELBOURNE FL 32904TITLE NAME ☐ Delete
D LLORENS, MARTIN
STREET ADDRESS 7535 SHERIDAN RD.
CITY-ST-ZIP MELBOURNE FL 32904TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
D. Carol A. Graves
STREET ADDRESS 410 LaCoco St., SW
CITY-ST-ZIP Palm Bay, FL 32908TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL C. RICHARDS

Date

Daytime Phone #

Sept 10, 02 321-952-4400

21 10/7/02