

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000030871

FILED  
Apr 17, 2002 8:00 AM  
Secretary of State

Entity Name: PCIDC, INC.

## Current Principal Place of Business:

4850 ST. JAMES AVENUE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

## Current Mailing Address:

300 FIFTH AVENUE SOUTH  
SUITE 101-200  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: 65-1016007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTS, RENITA  
4850 ST. JAMES AVENUE  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DAVIS, RON  
Address: 4850 ST. JAMES AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete  
Name: JOHNSON, JIM  
Address: 4850 ST. JAMES AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: BEARD, SHANNON  
Address: 4850 ST. JAMES AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

Title: STD ( ) Delete  
Name: HAYES, RICHARD  
Address: 4850 ST. JAMES AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: STOWE, JOHN  
Address: 4850 ST. JAMES AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DAVIS

PD

04/17/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date