

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049762

1. Entity Name
P.C.S. NET CARE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90093 022 ***150.00

Principal Place of Business
1903 CONGRESS AVE. STE 400
BOYNTON BEACH FL 33426

Mailing Address
1903 CONGRESS AVE. STE 400
BOYNTON BEACH FL 33426

2. Principal Place of Business
2500 Quantum Lakes Drive
Suite, Apt. #, etc.
Ste. 1000

3. Mailing Address
2500 Quantum Lakes Drive
Suite, Apt. #, etc.
Ste. 1000

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip Country
33426 USA

Zip Country
33426 USA

4. FEI Number
65-1008273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ
1903 CONGRESS AVE, STE 400
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name Dana Pusateri
Street Address (P.O. Box Number is Not Acceptable)
2500 Quantum Lakes Drive, Ste. 1000
City Boynton Beach, FL Zip Code 33426

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

Dana Pusateri

Dana Pusateri

4/18/01

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

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY - ST - ZIP	D BIVINS, DANIEL W JR 1903 CONGRESS AVE, STE 400 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Pusateri, Dana 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Dana Pusateri

Dana Pusateri

4/18/01

561-742-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)