

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90055 047 ***150.00

DOCUMENT # P00000055923

1. Entity Name
PCA WORLDWIDE.COM.INC.

Principal Place of Business

**770 GREENS AVENUE
WINTER PARK FL 32789**

Mailing Address

**770 GREENS AVENUE
WINTER PARK FL 32789**

2. Principal Place of Business

23 MALACOMPA RD

3. Mailing Address

312 W. FIRST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 612

City & State

PALM COAST FL

City & State

SANFORD FL

4. FEI Number

59-366843

Applied For

Not Applicable

Zip

Country

32137

Zip

Country

32771

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRUMM, LAURA A
770 GREENS AVENUE
WINTER PARK FL 32789**

Name **J. MICHAEL HARTMAN**
Street Address (P.O. Box Number is Not Acceptable) **312 W. FIRST ST**
SUITE 612
City **SANFORD** FL Zip Code **32771**

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

Michael Hartman

2/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DRUMM, LAURA A**
STREET ADDRESS **770 GREENS AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **VD** ☐ Delete
NAME **CONE, DENNIS M**
STREET ADDRESS **770 GREENS AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **TD** ☐ Delete
NAME **HARTMAN, MICHAEL J**
STREET ADDRESS **312 W. 1ST STREET, SUITE 612**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 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:

Michael Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

328-4588

Daytime Phone #

CR2E034 (10/00)