FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000072791 1. Entity Name PC & NETWORK CONSULTING, INC. 04-24-2001 90015 045 ***150.00 Principal Place of Business Mailing Address 21463 TOWN LAKES DRIVE #423 21463 TOWN LAKES DRIVE #423 **BOCA RATON FL 33486 BOCA RATON FL 33486** 643655 2. Principal Place of Business 3. Mailing Address 1200 NW 17th Ave 17th Ave 1200 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, ERIK Street Address (P.O. Box Number is Not Acceptable) 21463 TOWN LAKES DRIVE #423 **BOCA RATON FL 33486** Boca Region 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Addition TITLE **BROWN, ERIK** NAME NAME 1200 NW 17th AVE UNIT B 21463 TOWN LAKES DRIVE #423 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Bock Radon, FL 33466 **BOCA RATON FL 33486** ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP_ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.