## FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90161 016 \*\*\*150 00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000072791  1. Entity Name PC & NETWORK CONSULTING, INC.					02-2	6-2003 90161 (	)16 **	*150.00	
Principal Place of Business Mailing Address 1200 NW 17TH AVENUE 1200 NW 17TH				-					
UNIT B	N, FL 33486	UNIT B BOCA RATON, FL 33486							
2312	Place of Business 19 SW 60+12 Way	3. Malling Address 23179 SW	23129 SW 60+ Why						
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Sta	a Rator, FZ	City & State Doca Ration, FL			65 4827860			oplied For of Applicable	
zip33	428 Country USA	Zip 33428	33428		Fee		Require	<b>75</b> Additional Required	
6. Name and Address of Current Registered Agent  Name  Name  Erik from									
1200 ARA( 17TL AVE					(P.O. Box Number is Not Acceptable)				
BOCA RATON, FL 33486					29 SW 60+2 Way				
City Boakton FL Zip Code 33478									
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE W DOWN Feb 20, 2003 Signature, typed or primed name of egystered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fforida Department of State  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS  Delete	11. TITLE	000	ADDITIONS/CHANGES TO				
NAME STREET ADDRESS CITY-ST-2IP	BROWN, ERIK	L. Deleve	NAME STREE	1 .	129 SW 60+2 W	M Salund	Change	Logitiph M	
TITLE	,	☐ Delete	TITLE		35 (8 LadoU) 15 3	<del>21 70</del>	Change	Addition E	
NAME STREET ADDRESS CITY-ST-ZIP		•		1 address st-21P					
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STREET ADDRESS CITY-ST-ZIP		4	STREE	T ADDRESS ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZP			STREE CITY-S	T ADDRESS ST-21P					
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	t address st-zip					
TITLE .		☐ Delete	TITLE NAME		#\$= · · ·	* 455 🗓 (	Change	Addition*	
STREET ADDRESS City-St-2P			STREET City-s						
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: EM Brown Feb 20,203 56)-250-6639									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caryling Prome #									