

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90368 002 ***150.00

DOCUMENT # P00000104504

1. Entity Name

PV DESK SYSTEMS, INC.

Principal Place of Business

4500 140TH AVE NORTH STE 101
CLEARWATER FL 33762

Mailing Address

4500 140TH AVE NORTH STE 101
CLEARWATER FL 33762

957099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6571 43rd St. No.

3. Mailing Address

6571 43rd St. No.

Suite, Apt. #, etc.

Unit 1713

Suite, Apt. #, etc.

Unit 1713

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

4. FEI Number

59-3687005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARMELEE, AUDREY J
4500 140TH AVE NORTH STE 101
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4584 Fox Lake Ct.

City

Clearwater

FL

Zip Code

33762

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARMELEE, AUDREY J	
STREET ADDRESS	4500 140TH AVE NORTH STE 101	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4584 Fox Lake Ct.	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles E Lippert	
STREET ADDRESS	3219 Lake Dr. S.E.	
CITY-ST-ZIP	Grand Rapids, MI 49506	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James H. Brown	
STREET ADDRESS	3150 65th St. No.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Audrey J. Parmelee Audrey J. Parmelee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-01

Date

727-520-0072

Daytime Phone #

CR2E034 (10/00)