

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90062 035 ***150.00

DOCUMENT # P00000104504

1. Entity Name
PV DESK SYSTEMS, INC.

432616



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6571 43RD ST NO
 UNIT 1713
 PINELLAS PARK FL 33781**

Mailing Address

**6571 43RD ST NO
 UNIT 1713
 PINELLAS PARK FL 33781**

2. Principal Place of Business

**6565 44th St. No.
 Suite, Apt. #, etc.
 Unit 1011**

3. Mailing Address

**6565 44th St. No.
 Suite, Apt. #, etc.
 Unit 1011**

City & State

Pinellas Park, Florida

City & State

Pinellas Park, Florida

Zip Country
33781 US

Zip Country
33781 US

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
 4584 FOX LAKE CT
 CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 **ST** ☐ Delete
 NAME **PARMELEE, AUDREY J**
 STREET ADDRESS **4584 FOX LAKE CT**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **P** ☐ Delete
 NAME **LIPPERT, CHARLES E**
 STREET ADDRESS **3219 LAKE DR SE**
 CITY-ST-ZIP **GRAND RAPIDS MI 49506**

TITLE **VP** ☐ Delete
 NAME **BROWN, JAMES H**
 STREET ADDRESS **3150 65TH ST NO**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Audrey J. Parmelee Audrey J. Parmelee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02 727-528-8301
 Date Daytime Phone #

CR2E034 (9/01)