

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90229 042 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
PCTECHONCALL.COM INC.  
PO0000105844

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1020 Coral Club Dr

**3. Mailing Address**

1020 Coral Club Dr

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

U.S.

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

U.S.

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

6310540841

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Medina, Christopher E

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

1020 Coral Club Dr

City

Coral Springs FL

FL

Zip Code

33071

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Medina, Christopher E DP  
1020 Coral Club Dr.  
Coral Springs FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ramos, Justin  
1020 Coral Club Dr.  
Coral Springs FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 2, 2002 (954) 341-4987

CR2E034B (12/01)

Attachment  
# P00000105844

To whom it may concern:

I made a payment on April 15, but my bank statement does not list such a payment. I had to make the payment online because I was re-call to active duty from the Airforce. I talked to customer support and they suggested to send the payment and explain what took place. Thank you for your time.

Thank You,

Christopher E. Medina  
1(866)PC-REPAIR  
help@pctechoncall.com