

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

DOCUMENT # *P00000105844*

1. Entity Name

*PCTECHONCALL.com, INC.*



FILED

03 JUN 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1020 CORAL CLUB DR.*

Suite, Apt. #, etc.

3. Mailing Address

*1020 CORAL CLUB DR.*

Suite, Apt. #, etc.

800020973118

06/18/03--01043--029 \*\*150.00

DO NOT WRITE IN THIS SPACE

City & State  
*CORAL SPRINGS, FL*

City & State  
*CORAL SPRINGS, FL*

4. FEI Number

*651054084*

Applied For

Not Applicable

Zip  
*33071*

Country  
*U.S.*

Zip  
*33071*

Country  
*U.S.*

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*CHRISTOPHER E. MEDINA*

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

*1020 CORAL CLUB DR.*

City

*CORAL SPRINGS*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*PRESIDENT  
CHRISTOPHER MEDINA  
1020 CORAL CLUB DR.  
CORAL SPRINGS, FL 33071*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/03 (954) 914-6768*  
Date Daytime Phone #

CR2E034B (12/02)

To whom it may concern:

I am sorry for the delay  
but I just returned from  
IRAK and I never received  
my Uniform Business Report.

I am enclosing my payment  
for the renewal and also  
payment for a certificate  
of Status and a certified  
copy of (corporation) Article.  
Thank you AND GOD BLESS YOU...

8.75	cert of STATUS
8.75	cert copy of Article.
150.00	BUS REPORT RENEWAL.
<hr/>	
167.50	

Christopher  
Medina