

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90150 042 ***150.00

DOCUMENT # P01000024425

1. Entity Name

PCB SOUTH.COM, INC.

Principal Place of Business

20423 STATE ROAD 7 STE F6-267
 BOCA RATON FL 33498

Mailing Address

20423 STATE ROAD 7 STE F6-267
 BOCA RATON FL 33498

2. Principal Place of Business

19760 DINNER KEY DR

Suite, Apt. #, etc.

3. Mailing Address

19760 DINNER KEY DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1083854

Applied For

Not Applicable

Zip

33498

Country

Zip

33498

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGLYNN, PRISCILLA

20423 STATE ROAD 7 STE F6-267
 BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

PRISCILLA MCGLYNN

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

19760 DINNER KEY DR

City

BOCA RATON, FL 33498 FL

Zip Code

33498

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

Priscilla McGlynn

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

(NOTE: Registered Agent signature required when reinstating)

4/9/02

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 ☐ Delete
 NAME D
 STREET ADDRESS MCGLYNN, PRISCILLA
 CITY-ST-ZIP 20423 STATE ROAD 7 STE F6-267
 BOCA RATON FL 33498

TITLE ☐ Delete
 NAME President
 STREET ADDRESS Robert J. McGlynn
 CITY-ST-ZIP 19760 DINNER KEY DR
 BOCA RATON, FL 33498

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Priscilla McGlynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

561-483-7064

Daytime Phone #

CR2E034 (9/01)