

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91216 027 \*\*\*150.00

**DOCUMENT # P01000039166**

1. Entity Name  
**PWC FINANCIAL, INC.**



Principal Place of Business  
**10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030**

Mailing Address  
**10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

**615 Crescent Exec Ct.**

**PO Box 952709**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 100**

City & State  
**Lake Mary, FL**

City & State  
**Lake Mary, FL**

Zip  
**32746**

Country  
**USA**

Zip  
**32795**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1105859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSGROVE, JOHN F ESQ.  
201 WEST FLAGLER STREET  
MIAMI FL 33130**

Name  
**LEMAN PORTER**

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

**615 Crescent Executive Ct #100**

City  
**Lake Mary**

**FL**

Zip Code  
**32746**

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

**PA Treasurer**

(NOTE: Registered Agent signature required when reinstating)

**4/18/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PORTER, LANIER  
10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COSGROVE, JOHN F  
10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WILLIAMS, DWANE  
10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PORTER, LEMAN  
10 NORTHEAST 18TH STREET  
HOMESTEAD FL 33030** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUMPHREY, HAROLD  
10 NE 18TH ST  
HOMESTEAD FL 33030** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03 407-444-5224**

Date Daytime Phone #

CR2E034 (10/02)