

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90049 038 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000049108

1. Entity Name
PJC @ PGA, INC.

Principal Place of Business

**8331 HERBERT ROAD
 CANFIELD OH 44406**

Mailing Address

**8331 HERBERT ROAD
 CANFIELD OH 44406**

2. Principal Place of Business

9501 BRANDYWINE LANE

3. Mailing Address

7226 MYSTIC WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port-St-Lucie Florida

City & State

Port-St-Lucie Florida

Zip

34986

Country

U.S.A.

Zip

34986

Country

U.S.A.

4. FEI Number

75-3046677

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMINE, MARIO
 19501 BISCAYNE BLVD.
 SUITE 400
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Pete J. Cervone Jr**

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

7226 MYSTIC WAY

City **Port-St-Lucie**

FL

Zip Code

34986

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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 **D** ☐ Delete
 NAME **CERVONE, PETER**
 STREET ADDRESS **8331 HERBERT ROAD**
 CITY-ST-ZIP **CANFIELD OH 44406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **D** ☐ Change ☐ Addition
 NAME **CERVONE Peter**
 STREET ADDRESS **7226 MYSTIC WAY**
 CITY-ST-ZIP **Port-St-Lucie Florida 34986**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

(561) 460-9723
 Daytime Phone #