2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State P01000075398 DOCUMENT # 1. Entity Name 02-26-2002 90048 027 ***150.00 PC ENTERPRISES OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 1500 COLONIAL BLVD., STE. 205 1500 COLONIAL BLVD., STE. 205 FT. MYER\$ FL 33907 FT. MYERS FL 33907 Mailing Address 2. Principal Place of Business 9710 N. GALLAGHER RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-1126707 City & State City & State DOVER Not Applicable Country A. Zip Country \$8.75 Additional 5. Certificate of Status Desired 3352 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETER == MAHER, STEPHEN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2077 FIRST ST., STE. 206 FT. MYERS FL 33901 DOVER 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. PETER A. MATASSA - PRESIDENT AND SEO, PC ENTER PRISES. a, F SOMHWEST FU 2/9/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT AND CED ☐ Change TITLE ☐ Delete TITI F PETER A. MATASSA NAME NAME 9710 N. GALLAGHER LO. STREET ADDRESS STREET ADDRESS CITY-ST-7IP 33527 DOVER, FL CITY-ST-ZIP VICE PRESIDENT ☐ Change **Addition** Delete TITLE CURTIS CULBERT NAME NAME 2ND AVE 3226 SE STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP SECRETARY PETER A. MATASSA 9713 N. GALLAGHER RO ☐ Delete TITLE .. . ☐ Change **X**Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33527 CITY-ST-ZIP DOVER FL CITY-ST-ZIP TREASURER ☐ Delete TITLE ☐ Change Addition T/T/ F PETER A. MATASSA 9710 N. GALLAGHER RA. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOVER, FL 33527 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

OFFICER OR DIRECTOR

PRESIDENT and

CITY-ST-ZIP

CR2E034 (9/01)

FILED