

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000075398

FILED
Jan 05, 2003
Secretary of State

Entity Name: PC ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1500 COLONIAL BLVD., STE. 205
FT. MYERS, FL 33907

New Principal Place of Business:

9710 N GALLAGH RD
DOVER, FL 33527

Current Mailing Address:

9710 N GALLAGH RD
DOVER, FL 33527

New Mailing Address:

FEI Number: 65-1126707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATASSA, PETER A
9710 N GALLAGHER
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATASSA, PETER A
Address: 9710 N. GALLAGHER RD
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: CULBERT, CURTIS
Address: 3226 SE 2ND AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: MATASSA, PETER A
Address: 9710 N GALLAGHER RD
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: MATASSA, PETER A
Address: 9710 N GALLAGHER RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. MATASSA

P

01/05/2003

Electronic Signature of Signing Officer or Director

_____ Date