

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90126 029 ***150.00

DOCUMENT # P01000079745

1. Entity Name
PP&C SOLUTIONS, INC.

Principal Place of Business
2289 ARBOUR WALK CIRCLE #322
NAPLES FL 34109

Mailing Address
2289 ARBOUR WALK CIRCLE #322
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3738972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMLIN, JACK
2289 ARBOUR WALK CIRCLE #322
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SUMLIN, JACK**
STREET ADDRESS **2289 ARBOUR WALK CIRCLE #322**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SUMLIN, JACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02
Date

(239) 597-8910
Telephone #

CR2E034 (4/02)

Attachment

BO134622

P P & C SOLUTIONS, INC.
2289 ARBOUR WALK CIRCLE, NO. 322
NAPLES, FLORIDA 34109
PHONE (239)566-7650
FAX (239)593-1646

August 14, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Document No. P01000079745

Dear Sir or Madam:

I have recently received the above referenced 2002 UBR for filing by September 1, 2002.

I have another corporation in Florida and am very aware of the UBR filing requirements. To the best of my knowledge I did not received the original forms for filing on this corporation.

Please accept this filing as my original having been filed before May 1, 2002.

Thank you.

Sincerely,


Jack Sumlin

Encl