## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P01000079745

1. Entity Name PP&C SOLUTIONS, INC.



Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90085 001 \*\*\*150.00

FILED

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

Zip

SIGNATURE

19.

Mailing Address 2289 ARBOUR WALK CIRCLE #322 NAPLES FL 34109

|--|--|--|--|

~0680000E

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number

Zip

☐ CHECK HERE IF MAKING CHANGES

59-3738972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DATE

6. Name and Address of Current Registered Agent SUMLIN, JACK 2289 ARBOUR WALK CIRCLE #322 NAPLES FL 34109

Country

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

City 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

7. Name and Address of New Registered Agent

 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

the obligations of registered agent.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition SUMLIN, JACK NAME NAME 2289 ARBOUR WALK CIRCLE #322 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver of dustee 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. changed, or on an attachmer

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

Addition