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May 06, 2003 8:00 am
Secretary of State
05-06-2003 90053 033 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80114817

DOCUMENT # P01000115035

1. Entity Name
PC INVESTOR INC.

Principal Place of Business	Mailing Address
102 N.E. 2ND STREET SUITE 195 BOCA RATON, FL 33432	102 N.E. 2ND STREET SUITE 195 BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
102 NE 2ND STREET	SAME
Suite, Apt. #, etc.: SUITE 195	Suite, Apt. #, etc.:
City & State: BOCA RATON FL	City & State:
Zip: 33432 Country: USA	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 35-2171099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, GREGORY
102 N.E. 2ND STREET
SUITE 196
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: MARK THOMAS
Street Address (P.O. Box Number is Not Acceptable): 102 N.E. 2ND STREET SUITE 195
City: BOCA RATON FL Zip Code: 33432

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: X Mark W Thomas, MARK W THOMAS   MAR 14, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROTH, GREGORY 102 N.E. 2ND STREET, SUITE 196 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHIEF FINANCIAL OFFICER MARK THOMAS 102 NE 2nd Street Suite 195 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33432 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________   800 478-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #