

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90481 032 \*\*\*150.00

**DOCUMENT # P02000096260**

1. Entity Name  
**PC, COPIER & CARTRIDGE WAREHOUSE, INC.**



Principal Place of Business  
**15361 SAM SNEAD LANE  
NORTH FORT MYERS FL 33917**

Mailing Address  
**15361 SAM SNEAD LANE  
NORTH FORT MYERS FL 33917**



2. Principal Place of Business  
**1931 TAMiami Trail #12**  
Suite, Apt. #, etc.  
**12**

3. Mailing Address  
**1931 TAMiami Trail #12**  
Suite, Apt. #, etc.  
**12**

City & State  
**Port Charlotte, FL**

City & State  
**PORT CHARLOTTE, FL**

Zip  
**33948**

Country  
**USA**

Zip  
**33948**

Country  
**USA**

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SHEHAYEB, GHALEB  
15361 SAM SNEAD LANE  
NORTH FORT MYERS FL 33917**

## 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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEB 20 / 2003**

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

TITLE ☐ Delete  
NAME **D SHEHAYEB, GHALEB**  
STREET ADDRESS **15361 SAM SNEAD LANE**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete  
NAME **D MORANT, PETER J**  
STREET ADDRESS **15361 SAM SNEAD LANE**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/2003 1-941-255-3208**  
Date Daytime Phone #

CR2F034 (10/02)