

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29876

1. Entity Name

PCE & ASSOCIATES INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90220 040 ***150.00

Principal Place of Business

Mailing Address

180 PARK RD
118
OVIEDO FL 32765
US

180 PARK AVE
148
OVIEDO FL 32765
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 622587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oviedo, FL

4. FEI Number

36-3675852

Applied For

Not Applicable

Zip

Country

Zip

Country

32762-2587

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERY, PAUL JR
14848 BONNYBRIDGE DR
ORLANDO FL 32826

Name

HODGES, GEORGE

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

585 SOUTH CR 427 SUITE 121

City

LONGWOOD

FL

Zip Code
32750

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.

SIGNATURE George Hodges

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

(NOTE: Registered Agent signature required when reinstating)

4/5/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME **P**
STREET ADDRESS **EMERY JR, PAUL J**
CITY-ST-ZIP **14848 BONNYBRIDGE DR**
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **109 Indian Ridge Ln**
CITY-ST-ZIP **Telford, PA 18969**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **EMERY, CAROLYN R.**
CITY-ST-ZIP **14848 BONNYBRIDGE DR**
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **109 Indian Ridge Ln**
CITY-ST-ZIP **Telford, PA 18969**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0052382

CR2E034 (10/00)