2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9300003101 Feb 02, 2000 8:00 am **Secretary of State** PROFESSIONAL CASE MANAGEMENT CONSULTANTS, INC. 02-02-2000 90122 045 ***150.00 Mailing Address Principal Place of Business 235 S. MAITLAND AVE. PO BOX 940338 STF 218 STE 218 MAITLAND FL 32751 MAITLAND FL 32794-0338 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3157041 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRICE, BELINDA E. Street Address (P.O. Box Number is Not Acceptable) 235 S MAITLAND AVE. **SUITE 218** MAITLAND FL 32751 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRICE, BELINDA E. NAME NAME 235 S. MAITLAND AVE., STE.218 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are anothat my signature shall have the same legal effect as if made under oath; that I am an officer or director per person as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if supplied with this filing does mental report is true and accu 13. I hereby certify that the information indicated on this report or supply of the corporation or the receichanged, or on an attachmen

BELINDAEBRICE