

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91193 050 ***150.00

DOCUMENT # *P 93000009771*

1. Entity Name

P.C SYSTEMS & SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 COUNTRY CLUB CT

Suite, Apt. #, etc.

3. Mailing Address

2201 COUNTRY CLUB CT

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

65-0387041

Applied For

Not Applicable

Zip

33567

Country

USA

Zip

33567

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA L. POGUE

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

2908 PINE CLUB DR

City

PLANT CITY

FL

Zip Code

33567

**DO NOT WRITE
IN THIS SPACE**

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

Lewis M. Pogue

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

POGUE, PATRICIA L.

2908 PINE CLUB DR

PLANT CITY, FL 33567

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LEWIS M. POGUE

2201 COUNTRY CLUB CT

PLANT CITY, FL 33567

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

WANDA G. POGUE

2201 COUNTRY CLUB CT

PLANT CITY, FL 33567

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lewis M. Pogue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02 (813) 752-8615

Date

Daytime Phone #

CR2E034B (12/01)