

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016206

1. Entity Name
PC STATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90090 036 ***150.00

Principal Place of Business

Mailing Address

~~6419 MANATEE AVENUE WEST~~
BRADENTON FL 34209
US

~~6419 MANATEE AVENUE WEST~~
BRADENTON FL 34209
US

2. Principal Place of Business

6302 Manatee Ave. W.

3. Mailing Address

6302 Manatee Ave. W.

Suite, Apt. #, etc.

D-3

Suite, Apt. #, etc.

D-3

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34209

Country

USA

Zip

34209

Country

USA

4. FEI Number

65-0391284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OGLE, JAMES M
313 72ND ST NW
BRADENTON FL 34209-2268

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.

SIGNATURE

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) ☐

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 **D** ☐ Delete
NAME **OGLE, JAMES M**
STREET ADDRESS **313 72ND ST NW**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OGLE, PATRICIA A**
STREET ADDRESS **313 72ND ST NW**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

James M. Ogle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2001

Date

941-795-5502

Daytime Phone #

CR2E034 (10/00)