2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE

Mar 28, 2002 8:00 am Secretary of State **DOCUMENT #** P94000005572 1. Entity Name 03-28-2002 90784 029 ***150.00 PCI CONSULTANTS, INC. Principal Place of Business Mailing Address 4440 METRIC DR 4440 METRIC DR SUITE E WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3223857 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. TOBIN, TERESA L Street Address (P.O. Box Number is Not Acceptable) 4440 METRIC DRIVE SUITE E WINTER PARK FL 32792 City Zip Code FL 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 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, 2002 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 11. ☐ Addition Change TITLE Delete TITLE SCOTT TOBIN TOBIN, SCOTT NAME NAME 4440 WETRIC DRISTE.E **438 TURNSTONE WAY** STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-7IP P/S TITLE **PVS** Delete TITLE Change Change ☐ Addition TERESA L. TOBIN NAME TOBIN, TERESA L. NAME 4440 WETRIC DR, STE.E STREET ADDRESS **438 TURNSTONE WAY** STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP -TITLE - Delete TITLE Change: _ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED