

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048130

1. Entity Name

PCF DEVELOPMENT CORPORATION

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90111 036 ***150.00

Principal Place of Business

1601 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950
US

Mailing Address

1601 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0503757

Applied For
Not Applicable

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

KONIDES, JIM
1601 W MARION AVE
SUITE 103
PUNTA GORDA FL 33950

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 NAME	DP ANGIOLI, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	908 SHADOWMERE CR	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE NAME	EVST ANGIOLI, JR. R	<input type="checkbox"/> Delete
STREET ADDRESS	604 RITTENHOUSE CT.	
CITY-ST-ZIP	WINSTON-SALEM NC	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP Angioli, Ralph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18246 Mainsail Pointe Dr	
CITY-ST-ZIP	Cornelius, NC 28031	
TITLE NAME	EVST Angioli, Jr. R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18801 Demberbridge Rd.	
CITY-ST-ZIP	Davidson, NC 28036	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)