

2000 UNIFORM BUSINESS REPORT (UBR)

193

DOCUMENT # P94000059248

1. Entity Name

PG-IFX INCORPORATED

FILED

00 JUL 24 AM 7:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1850 LEE ROAD #218 WINTER PARK FL 32789	Mailing Address P O BOX 98 WINTER PARK FL 32790 US
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3260401	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AIRCHER-GENTILE, PAMELA J 1850 LEE RD 3225 WINTER PRK FL 32789

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AICHER-GENTILE PAMELA J P.O. BOX 98 N/A WINTER PRK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENTILE, KRISTENE P. O. BOX 98 N/A WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AICHER, DEAN P.O. BOX 98 N/A WINTER PARK FL 32790 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003350007--8 -08/08/00--01094--023 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 834-4742
Date Daytime Phone #

CR2E034 (5/00)

203



LIST SOURCE OF DEPOSITS AND INFORMATION ABOUT EXPENDITURES ON BACK OF PRECEDING SLIPS

3723

DATE

4/17

PAY TO

Dept of State

FOR

Call Center

DEPOSITS

TOTAL

THIS CHECK

150

OTHER TRANS +/-

TAX DEDUCTIBLE ☐

BALANCE

© HARLAND Style 95

STYLE:B-95N CKS:600 DTS:0

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IDENTIFAX OF CENTRAL FLORIDA
POST OFFICE BOX 98
WINTER PARK, FL 32790
TELEPHONE (407) 740-0005
FAX (407) 740-0580
NATIONAL WATS 1-800-940-3937

PERSONAL AND CONFIDENTIAL
FL LICENSE #A9400336

PAMELA J. AICHER, DIRECTOR

PLEASE REPLY TO: ORLANDO

July 15, 2000



Division Of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Uniform Business Report

To Whom It May Concern:

Pursuant to your request, I have enclosed another check for \$150.00, as check #3723, was previously sent to you on 4/17/2000, along with the First Union Business Report your office sent. Please find the copy of the enclosed check stub.

If you have any questions, please do not hesitate to contact me at (407) 740-0005.

Sincerely,

Pamela J. Aicher /sy
Pamela J. Aicher, Director

Enclosures: 1) Check Stub
2) Uniform Business Report
3) Check #3898

AFFILIATED OFFICES

ORLANDO
(407) 740-0005

TAMPA
(813) 932-8800

FT. LAUDERDALE
(954) 984-9889

FT. MYERS
(941) 275-3536

W. PALM BEACH
(561) 863-3410

JACKSONVILLE
(904) 215-3200

PENSACOLA
(850) 479-7442