

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90188 015 \*\*\*150.00

**DOCUMENT # P94000059248**

1. Entity Name

**PG-IFX INCORPORATED**

Principal Place of Business

**1850 LEE ROAD  
 #218  
 WINTER PARK FL 32789**

Mailing Address

**P O BOX 98  
 WINTER PARK FL 32790  
 US**

2. Principal Place of Business

*SAME as above*  
 Suite, Apt. #, etc.

3. Mailing Address

*SAME as Above*  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3260401**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AICHER-GENTILE, PAMELA J  
 1850 LEE RD  
 3225-218  
 WINTER PRK FL 32789**

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 reg stored 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	PD	<input type="checkbox"/> Delete
NAME	AICHER-GENTILE PAMELA J	
STREET ADDRESS	P.O. BOX 98 N/A	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GENTILE, KRISTENE	
STREET ADDRESS	P. O. BOX 98 N/A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	AICHER, DEAN	
STREET ADDRESS	P.O. BOX 98 N/A	
CITY-ST-ZIP	WINTER PARK FL 32790	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/01* *457*  
*740-0005*

Date

Daytime Phone #

CR2E034 (10/00)