

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90051 022 ***150.00

DOCUMENT # P95000003229

1. Entity Name

P.F.C. SERVICES, INC.

Principal Place of Business

**9361 BEAULCERC WOOD LN N
 JACKSONVILLE FL 32257
 US**

Mailing Address

**9361 BEAULCERC WOOD LN N
 JACKSONVILLE FL 32257
 US**

2. Principal Place of Business

**9361 Beaulerc Wood Ln N
 Suite, Apt. #, etc.**

3. Mailing Address

**9361 Beaulerc Wood Ln N
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville FL
 Zip 32257 Country USA**

City & State

**Jacksonville FL
 Zip 32257 Country USA**

4. FEI Number

59-3292312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLD, KATHLEEN H
 ONE INDEPENDENT DRIVE, SUITE 2301
 JACKSONVILLE FL 32202**

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

TITLE **D** ☐ Delete
 NAME **CHASSMAN, MARGARET F**
 STREET ADDRESS **9361 BEAULCERC WOOD LANE WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☐ Delete
 NAME **CHASSMAN, JULIAN**
 STREET ADDRESS **9361 BEAULCERC WOOD LANE WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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, name or other like empowered.

SIGNATURE: Margaret F. Chassman President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 (904) 731-8675

CR2E034 (10/00)