2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000003229

1. Entity Name

P.F.C. SERVICES, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90077 001 ***150.00

Principal Place of Business 36i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 2. Principal Place of Business 32i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 3. Mailing Address 936i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 3. Mailing Address 936i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 3. Mailing Address 936i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 3. Mailing Address 936i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 3. Mailing Address 936i BEAUCIERC WOOD IN N JAKSON/ILE FL 3257 US 5. Mailing Address 593292312 A FEI Number 593292312 Country 32.2-5-7 Country 32.2-5-7 Country 32.2-5-7 Country 32.2-5-7 Country 3. Country 4. FEI Number 59329							_					
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City & State Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Jacksonville FL Zip Gountry Jacksonville FL Zip Gountry Street Address of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required				3. Mailing Address 9361 Beauclerc	Wb.	La.N.		1 788(1687 118 (818) BZIII 88(11 88)11 88)11 88	 		#818 1811 1831	
Signature Sign	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKI	NG CH	HANGES		
5. Certificate of Status Desired Fee Required F			FL		FL		4. f	El Number 59-3292312				;
COLD, KATHLEEN H ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME CHASSMAN, MARGARET F STREET ADDRESS STREET ADDRESS STREET ADDRESS	૩ <i>ઢેઢ</i> 57	•				··· <i>y</i>	5. (Certificate of Status Desired				
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) PATE	ONE INDEPENDENT DRIVE, SUITE 2301					Street Address (P.O. Box Number is Not Acceptable)						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE NAME STREET ADDRESS 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees \$11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition NAME STREET ADDRESS 9361 BEAUCLERC WOOD LANE WEST	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE											
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Material

904-731-8675