

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2001 90235 037 ***150.00

DOCUMENT # P95000049360

1. Entity Name

PC TRAINING INSTITUTE INC.

Principal Place of Business

**5730 CORPORATE WAY
 SUITE 204
 WEST PALM BEACH FL 33407**

Mailing Address

**5730 CORPORATE WAY
 SUITE 204
 WEST PALM BEACH FL 33407**

915563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4455 MEDICAL CENTER WAY
 (Suite/Apt. #, etc.)
 102**

3. Mailing Address

**4455 MEDICAL CENTER WAY
 (Suite/Apt. #, etc.)
 102**

City & State

West Palm Beach, FL

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. FEI Number

65-0594251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HATCH, STEVEN
 1872 CYNMAR DRIVE
 WEST PALM BEACH FL 33409**

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]

STEVEN HATCH PRESIDENT

DATE

1/18/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
 NAME **HATCH, STEVEN D**
 STREET ADDRESS **1872 CYNMAR DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **S** ☐ Delete
 NAME **MCCAIN, DON**
 STREET ADDRESS **901 MICK RD**
 CITY-ST-ZIP **MOUNT VERNON IL 62864**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]

STEVE HATCH PRESIDENT

Date

1/18/01

Daytime Phone #

561 840 8080

CR2E034 (10/00)