

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 013 ***150.00

DOCUMENT # P95000057488

1. Entity Name
P.I.C.S. CORP.



Principal Place of Business
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243 US**

Mailing Address
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243 US**

2. Principal Place of Business
2150 Whitfield Industrial Way

3. Mailing Address
2150 Whitfield Industrial Way

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34243

Country
US



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DOBIESZ, NORMAN R
2150 WHITFIELD INDUSTRIAL WAY
STE 100
SARASOTA, FL 34243**

4. FEI Number
59-3329603

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE _____

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBIESZ, NORMAN 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GRECO, SAMUEL A 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOBIESZ, MAUREEN 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)