

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90198 010 ***150.00

0323880

DOCUMENT # P96000060130

1. Entity Name

PCW ENTERPRISES, INC.

Principal Place of Business

~~3664 MYKENOS CT~~
~~BOCA RATON FL 33487~~
~~US~~

Mailing Address

~~3664 MYKENOS CT~~
~~BOCA RATON FL 33487~~
~~US~~

2. Principal Place of Business

14541 FARRINGTON WAY
 Suite, Apt. #, etc. **# 105**

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

SAME

Zip

33914

Country

LEE

Zip

SAME

Country

SAME

4. FEI Number

65-0709570

Applied For

Not Applicable

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

SIEGEL, RONALD L ESQ.
1800 CORPORATE BLVD. NW STE 302
BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	WEST, PETER	<input type="checkbox"/> Delete
NAME		14541 FARRINGTON WAY	
STREET ADDRESS		3664 MYKENOS COURT	
CITY-ST-ZIP		BOCA RATON FL 33487	
TITLE	D	WEST, M N	<input type="checkbox"/> Delete
NAME		14541 FARRINGTON WAY	
STREET ADDRESS		3664 MYKENOS COURT	
CITY-ST-ZIP		BOCA RATON FL 33487	
TITLE			<input type="checkbox"/> Delete
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CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

PETER C WEST **3/6/01** **941-225-7534**

Date

Daytime Phone #

CR2E034 (10/00)