## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 08:00 AM DOCUMENT # **P9600067139** 1. Entity Name **Secretary of State** P.C.T.C. BUILDING COMPANY, INC. Principal Place of Business Mailing Address 1265 36TH STREET P.O. BOX 5409 VERO BEACH FL VERO BEACH FL32960 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0693182 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVER DENNIS FM.D. 1265 36TH STREET Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL32960 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 02/21/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition BROWN MAME HAL MD NAME STREET ADDRESS 1265 36TH ST STREET ADDRESS VERO BEACH CITY-ST-ZIP FL 32960 CITY-ST-ZIP P ☐ Delete TITLE ☐ Change NAME ATAMER EROL RMD NAME STREET ADDRESS 1265 36TH ST STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32960 CITY-ST-ZIP Delete TITLE X Change ☐ Addition SHIPLEY JOSHUA WATKINS SAMUEL NAME STREET ADDRESS **1265 36TH STREET** STREET ADDRESS 1265 36TH STREET CITY-ST-ZIP VERO BEACH 32960 CITY-ST-ZIP VERO BEACH 32960 FL. Delete TITLE Change ☐ Addition SPLENDORIA ARTHUR NAME STREET ADDRESS 1265 36TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH 32960 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ULRICH GUY R NAME STREET ADDRESS 1265 36TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH 32960 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition SAVER DENNIS F NAME STREET ADDRESS 1265 36TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH CITY-ST-ZIP 32960 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.

CR2E034 (11/00)

SIGNATURE: Erol R. Atamer, MD Pres 02/21/2001

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