

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000081431**1. Entity Name
P.C. AFFORDABLE SECURITY II, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVENUE SUITE 120 BOCA RATON FL 33487	6401 CONGRESS AVENUE SUITE 120 BOCA RATON FL 33487

2. Principal Place of Business 17227 BERMUDA VILLAGE DRIVE	3. Mailing Address 17227 BERMUDA VILLAGE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL	City & State BOCA RATON FL
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4. FEI Number 65-0700347	Applied For Not Applicable
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Zip 33487	Country	Zip 33487	Country
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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**ZELGEN ROBERT C
1900 NW CORPORATE BLVD.
300-E
BOCA RATON FL 33431 US

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 _____ **08/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	VD	<input checked="" type="checkbox"/> Delete
NAME	CHRIST-GURLEY JULIE	
STREET ADDRESS	6401 CONGRESS AVENUE, SUITE 120	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	COFFER PRESTON	
STREET ADDRESS	6401 CONGRESS AVENUE, SUITE 120	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFER PRESTON L	
STREET ADDRESS	17227 BERMUDA VILLAGE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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: Preston L. Coffey

PD 08/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)