2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90003 028 ***150.00

DOCUMENT # P96000082113

1. Entity Name

PC TECH, INC.

Principal Place of Business	Mailing Address
3810 DEL PRADO BLVD CAPE CORAL FL 33904 US	3810 DEL PRADO BLVD CAPE CORAL FL 33904-9760 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1329-B LAFAYETTE ST	SAME
Suite, Apt. #, etc. CAPE CORAL, Fl	Suite, Apt. #, etc.
City & State	City & State
Zip 33904 / Country LEE	Zip / Country

4. FEI Number 65-0706411 ☐ 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
BROWN, WHITNEY 4708 SW 8TH PL. CAPE CORAL FL 33904	Name BROWN, WHITNEY Street Address (P.O. Box Number is Not Acceptable) 2547 PELICAN BLVD City CAPE CORAL FL Zip Code 33914

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WHITNEY 4708 SW 8TH PL. CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WHITNEY 2547 PELICAN BLVD CAPE CORAL, Fl 33914 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: Whitney Brown 4/3/00 941-945-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)