

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042809

1. Entity Name

PC CENTRAL, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90087 020 \*\*\*150.00

Principal Place of Business

Mailing Address

210 SOUTH SEMORAN BLVD.  
ORLANDO FL 32807

210 SOUTH SEMORAN BLVD.  
ORLANDO FL 32809-6925

2. Principal Place of Business

3. Mailing Address

7600 Currency Drive

7600 Currency Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3445556

Applied For

Not Applicable

Zip

32809-6925

Country

Zip

32809-6925

Country

US

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

GIAMMARRUSCO, JOSEPH G  
204 SOUTH SEMORAN BLVD.  
ORLANDO FL 32807

Name

Giammarrusco, Joseph C.

Street Address (P.O. Box Number is Not Acceptable)

7600 Currency Drive

City

Orlando,

FL

Zip Code

32809-6925

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	CD	<input type="checkbox"/> Delete
NAME	PERROTTI, FRED O	
STREET ADDRESS	8012 OLD TOWN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERROTTI, ROBERT	
STREET ADDRESS	926 GROVESMERE LOOP	
CITY-ST-ZIP	OCOE FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIMMARRUSCO, JOSEPH	
STREET ADDRESS	2956 BAYHEAD RUN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERROTTI, JOHN	
STREET ADDRESS	5427 RUSTIC PINE COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giammarrusco, Joseph C.	
STREET ADDRESS	2956 Bayhead Run	
CITY-ST-ZIP	Oveido, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/00

407-275-2400

Daytime Phone #

CR2E034 (9/99)