

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 91182 039 ***150.00

DOCUMENT # *P97000084100*

1. Entity Name

PGCG, INC



DO NOT WRITE IN THIS SPACE

55038367

2. Principal Place of Business

652 Misty Pine Dr

Suite, Apt. #, etc.

3. Mailing Address

652 Misty Pine Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice FL

City & State

Venice FL

4. FEI Number

65-0791200

Applied For

Not Applicable

Zip

34292

Country

Zip

34292

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul A Guillette **PAUL A GUILLETTE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

4/17/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Guillette, Paul A
652 Misty Pine Dr
Venice FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
Guillette, Caroline
652 Misty Pine Dr
Venice, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Caroline J Guillette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINE J Guillette

4/17/03

Date

941-497-5325

Daytime Phone #

CR2E034B (12/02)