

**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

Zip  
34292 Country

Zip  
34292 Country

4. FEI Number  
65-0791200 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

SIGNATURE Paul A Guillette PAUL A GUILLETTE 4/17/03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

January 1 Fee is \$450.00  
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	<u>P</u>	TITLE	
NAME	<u>Guillette, Paul A</u>	NAME	
STREET ADDRESS	<u>652 Misty Pine DR</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Venice FL 34292</u>	CITY-ST-ZIP	
TITLE	<u>T S</u>	TITLE	
NAME	<u>Guillette, Caroline</u>	NAME	
STREET ADDRESS	<u>652 Misty Pine DR</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Venice, FL 34292</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/17/03 941-497-5325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
CAROLINE J Guillette