

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011048

1. Entity Name

PC&M ENTERPRISE INVESTMENTS, INC.

Principal Place of Business

1063 1/2 GEROGE JENKINS BLVD.  
LAKELAND FL 33815

Mailing Address

P.O. BOX 24311  
LAKELAND FL 33802-4311

2. Principal Place of Business

1247 Josephine ST  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24311  
Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33815

Country

Polk

Zip

33802-4311

Country

Polk

4. FEI Number

59-3491101

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

MAHARAJH, PRAKASH C  
1247 JOSEPHINE ST.  
LAKELAND FL 33815

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

PRAKASH C. MAHARAJH

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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 ☐ Delete  
NAME D  
STREET ADDRESS MAHARAJH, PRAKASH  
CITY-ST-ZIP 1311 B EAST BAKER ST.  
PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

PRAKASH C. MAHARAJH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-2000 863-687-4217

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90163 008 \*\*\*150.00

00080000



DO NOT WRITE IN THIS SPACE