

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014555

1. Entity Name

P C B ENTERPRISES INC.

Principal Place of Business

~~117 BONAIRE DRIVE
PANAMA CITY BEACH FL 32413~~

Mailing Address

~~117 BONAIRE DRIVE
PANAMA CITY BEACH FL 32413-0459~~

2. Principal Place of Business

19952 FRONT BEACH Rd
Suite, Apt. #, etc.

3. Mailing Address

7459 PO BOX
Suite, Apt. #, etc.

City & State

PANAMA-CITY BEACH

City & State

PANAMA CITY BEACH

Zip

32413

Country

USA

Zip

32413

Country

USA

4. FEI Number

59-3496644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CUNNINGHAM, THOMAS
117 BONAIRE DRIVE
PANAMA CITY BEACH FL 32413~~

7. Name and Address of New Registered Agent

Name THOMAS CUNNINGHAM

Street Address (P.O. Box Number is Not Acceptable)
22119 LAKEVIEW DR

City PANAMA CITY BEACH FL Zip Code 32413

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 THOMAS M. CUNNINGHAM PRES. Thomas M. Cunningham 1-14-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, BONNIE	
STREET ADDRESS	117 BONAIRE DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, THOMAS	
STREET ADDRESS	117 BONAIRE DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	THOMAS M. CUNNINGHAM	<input checked="" type="checkbox"/> Delete
NAME	PO BOX 7459	
STREET ADDRESS	PANAMA CITY Bch. FL 32413	
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	THOMAS M. CUNNINGHAM	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PO BOX 7459			
STREET ADDRESS	PANAMA CITY Bch FL 32413			
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			<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-234-2232-6000

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90035 042 ***150.00

00009209



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)