2001 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P98000023940

1. Entity Name

PCE, INC.

Principal Place of Business	Mailing Address
1801 EAST COLONIAL DRIVE ORLANDO FL 32803	717 ALTALOMA AVENUE SUITE A ORLANDO FL 32803

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499194   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
BOWERS, DAVID A 717 ALTALOMA AVENUE SUITE A ORLANDO FL 32803	Name Brenda L. Ellrodt Street Address (P.O. Box Number is Not Acceptable) 2601 Wells Ave, #141 Fern Park City Orlando FL Zip Code 32730

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 _Brenda L Ellrodt_   Brenda L Ellrodt   2/3/01

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, 2001 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	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WU, MARTIN		NAME			
STREET ADDRESS	7479 PARK SPRINGS CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BOWERS, DAVID M		NAME			
STREET ADDRESS	5404 FERDINAND DRIVE		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	SECRETARY	☐ Change	☒ Addition
NAME			NAME	AMY WU		
STREET ADDRESS			STREET ADDRESS	7479 Park Springs Circle		
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/00)

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: _David M Bowers_   1-16-2001   4078986824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #