

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90059 024 ***150.00

DOCUMENT # P98000061087

1. Entity Name
P.C.C., INC.



Principal Place of Business
XXXXXXXXXXXXXXXXXXXX
C/O KENT HUFFMAN, ESQ.
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

Mailing Address
XXXXXXXXXXXXXXXXXXXX
C/O KENT HUFFMAN, ESQ.
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

11006991



2. Principal Place of Business
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409
Palm Beach, FL
33480 USA
Zip Country

3. Mailing Address
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409
Palm Beach, FL
33480 USA
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0856739
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
220 SUNSET AVE., STE. 200
PALM BEACH FL 33480
XXXXXXXXXXXXXXXXXXXX

7. Name and Address of New Registered Agent

Name
Huffman, Kent Esq.
Street Address (Post Office Box is not acceptable)
350 Royal Palm Way
Suite 409
City Palm Beach FL 33480
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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD CHESNEY, JOHN % HUFFMAN, 220 SUNSET AVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHN CHESNEY C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03
Date

644-1144
Daytime Phone #

CR2E034 (10/02)