

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067258

1. Entity Name

PCCS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90197 002 ***150.00

Principal Place of Business

Mailing Address

2358 S.E. 11TH ST.
POMPANO BCH FL 33062

2358 S.E. 11TH ST.
POMPANO BCH FL 33062-7027

2. Principal Place of Business

3. Mailing Address

2717 NE 10th St
Suite, Apt. #, etc.

2717 NE 10th St
Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch FL 33

4. FEI Number

65-0855370

Applied For

Not Applicable

Zip

Country

33062

Zip

Country

33062

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

BRIMBLE, LISA
2358 S.E. 11TH ST.
POMPANO BCH FL 33062

Name

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

2717 NE 10th St

City

Pompano Bch

FL

Zip Code

33062

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

Lisa Brimble LISA BRIMBLE President

4-12-00

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	P	<input type="checkbox"/> Delete
NAME	BRIMBLE, LISA	
STREET ADDRESS	2358 SS 121 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIMBLE, LANCE	
STREET ADDRESS	2358 SS 121 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2717 NE 10th St	
CITY-ST-ZIP	Pompano Bch FL 33062	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2717 NE 10th St	
CITY-ST-ZIP	Pompano Bch FL 33062	
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:

Lisa Brimble LISA BRIMBLE

4-12-00

Date

784-461-4704

Daytime Phone #

CR2E034 (9/99)