

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081606

1. Entity Name
PPCH COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90132 017 ***150.00

Principal Place of Business
1100 E. CORK TREE CIRCLE
PORT CHARLOTTE FL 33952

Mailing Address
1100 E. CORK TREE CIRCLE
PORT CHARLOTTE FL 33952

2. Principal Place of Business
41 ALLWORTHY ST.
Suite, Apt. #, etc.

3. Mailing Address
41 ALLWORTHY STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE, FL
Zip
33954
Country
CHARLOTTE

City & State
PORT CHARLOTTE, FL
Zip
33954
Country
CHARLOTTE

4. FEI Number 65-0865578
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

HESSER, PETE
1100 E. CORK TREE CIRCLE
PORT CHARLOTTE FL 33952

41 ALLWORTHY ST.
PT. CHARLOTTE, FL
33954

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 _____ (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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HESSER, PETE | | NAME | | |
| STREET ADDRESS | 1100 E. CORKTREE CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 #

4-24-01 941-857-1449

CR2E034 (10/00)