

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90251 004 ***150.00

DOCUMENT # P98000089804

1. Entity Name

PCF MANAGEMENT CORP.

Principal Place of Business

Mailing Address

995 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

995 NORTH COLLIER BLVD. 736 PLANTATION CT
MARCO ISLAND FL 34145

736 PLANTATION CT
MARCO ISLAND FL 34145

715283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

736 PLANTATION CT

736 PLANTATION CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO Island, FL

City & State
MARCO Island, FL

4. FEI Number 59-3540930

Applied For

Not Applicable

Zip
34145

Country
U.S.A.

Zip
34145

Country
U.S.A.

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

NOLD, JOHN A
995 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

Name
LAWRENCE CARUSO

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

736 PLANTATION COURT

City
MARCO ISLAND

FL

Zip Code
34145

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 *Lawrence Caruso*

LAWRENCE CARUSO President 2/8/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, LAWRENCE 736 PLANTATION COURT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)