

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012661

1. Entity Name

PVE-USA, INC.

FILED

00 OCT 25 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3439 DOCKSIDER DR., S.  
JACKSONVILLE FL 32257

Mailing Address

3439 DOCKSIDER DR., S.  
JACKSONVILLE FL 32257

2. Principal Place of Business

601 BRYAN ST  
Suite, Apt. #, etc.

3. Mailing Address

601 BRYAN ST  
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32202

Country

USA

City & State

JACKSONVILLE FL

Zip

32202

Country

USA

4. FEI Number

59-3558958

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOECKEL, STANLEY B  
3439 DOCKSIDER DR., S.  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 SEPT 00

Date

804 354 1940

Daytime Phone #