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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-18-2000 90010 031 ***150.00

DOCUMENT # P99000016720

1. Entity Name
P.C.T. INC.

P

Principal Place of Business	Mailing Address
1217 E CAPR CORAL PKWY STE 126 CAPE CORAL FL 33904	1217 E CAPR CORAL PKWY STE 126 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1217 E. CAPE CORAL PKWY	1217 E. CAPE CORAL PKWY
Suite, Apt. #, etc. Ste 199.	Suite, Apt. #, etc. Ste. 199.
City & State CAPE CORAL	City & State CAPE CORAL
Zip 33904 Country Lee	Zip 33904 Country LEE

4. FEI Number 65-0907319 ☐ 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
SCREIBER, HELGA 1217 E CAPR CORAL PKWY STE 126 CAPE CORAL FL 33904	Name NONE 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LASZLO GEDER 5229. SW. 11th AV. CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HELGA SCHREIBER 1217 E CAPE CORAL PKWY 199. CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] 7/11/00 941-940-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Florida Department of State

eference # P99000016720 107253

rom: P.C.T. INC.

We started our corporation in 1999 so unfortunately we are not fully familiar with all the necessary lax paperworks. Including "2000 uniform business report". We paid the $150 fee in reaction to your notice. Unfortunately we did not filled out the ttached papers correctly. Please accept the orrected paperwork with the already paid fee.

Sincerely

V. President
Helga Schreiber