

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

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.

Principal Place of Business

1217 E CAPR CORAL PKWY STE 126
 CAPE CORAL FL 33904

Mailing Address

1217 E CAPR CORAL PKWY STE 126
 CAPE CORAL FL 33904

2. Principal Place of Business

1217 E. CAPE CORAL PKWY
 Suite, Apt. #, etc. **Ste. 199.**

3. Mailing Address

1217 E. CAPE CORAL PKWY
 Suite, Apt. #, etc. **Ste. 199.**

City & State

CAPE CORAL

City & State

CAPE CORAL

4. FEI Number

65-0907319

Applied For

Not Applicable

Zip

33904

Country

Lee

Zip

33904

Country

LEE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCREIBER, HELGA
 1217 E CAPR CORAL PKWY STE 126
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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

TITLE	PRESIDENT	☐ Delete
NAME	LASZLO GEDER	
STREET ADDRESS	5229. SW. 11th AV.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VICE PRESIDENT	☐ Delete
NAME	HELGA SCHREIBER	
STREET ADDRESS	1217 E. CAPE CORAL PKWY 199.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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 ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00
 Date

941-940-2021
 Daytime Phone #

Dear Florida Department of State

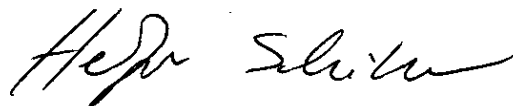
reference # P99000016720

107253

from: P.C.T. INC.

We started our corporation in 1999 so unfortunately we are not fully familiar with all the necessary tax paperwork, including "2000 uniform business report". We paid the \$150 fee in reaction to your notice. Unfortunately we did not filled out the attached papers correctly. Please accept the corrected paperwork with the already paid fee.

Sincerely



V. President

Helga Schreiber