

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90034 034 ***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.
#199

City & State
CAPE CORAL FL

Zip
33904 Country

3. Mailing Address

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

City & State
CAPE CORAL FL

Zip
33904 Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name
SCHREIBER HELGA

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

1217 E. CAPE CORAL PKWY #199
City
CAPE CORAL FL Zip Code
33904

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.

SCHREIBER
SIGNATURE **HELGA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Helga Schreiber
DATE **01/16/01**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEDER, LASZLO
5229 SW 11TH AVE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHREIBER, HELGA
1217 E CAPE CORAL PKWY 199
CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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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: **Helga Schreiber** **HELGA SCHREIBER** 01/16/01 941-940-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)