

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 009 ***150.00

DOCUMENT #
1. Entity Name P99000022180

PC EXPERTISE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13914 18th Place East

Suite, Apt. #, etc.

3. Mailing Address
13914 18th Place East

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number 65-0903112

Applied For
Not Applicable

Zip 34202

Country

Zip 34202

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Womeldorph, Howard R Jr.

Street Address (P.O. Box Number is Not Acceptable)
7648 Lockwood Ridge Road

City Sarasota FL 34243

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME Derome, Josh L
STREET ADDRESS 13914 18th Place East
CITY-ST-ZIP Bradenton, FL 34202

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other lives empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josh L. Derome

Date

4-23-03

Daytime Phone #

(941) 447-8939

CR2E034B (12/02)