

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000550867

1. Entity Name

PCF CONSULTING, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90232 043 \*\*\*150.00

Principal Place of Business  
560 SOUTH ATLANTIC AVENUE  
SUITE B  
COCOA BEACH FL 32931

Mailing Address  
POST OFFICE BOX 321235  
COCOA BEACH FL 32932-1235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
851 S. ORLANDO AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 321235  
Suite, Apt. #, etc.

City & State  
COCOA BEACH, FL  
Zip 32931 Country USA

City & State  
COCOA BEACH FL  
Zip 32932 Country USA

4. FEI Number 59-3581726  
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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name CHAD A. CHAMBERLIN  
Street Address (P.O. Box Number is Not Acceptable)

851 S. ORLANDO AVE.  
City COCOA BEACH FL Zip Code 32931

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CHAMBERLIN, CHAD A	
STREET ADDRESS	560 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CHAMBERLIN, YVETTE A	
STREET ADDRESS	851 S. ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLIN, CHAD A	
STREET ADDRESS	851 S. ORLANDO AVE.	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERLIN, YVETTE A	
STREET ADDRESS	851 S. ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-00 321-799-4792  
Date Daytime Phone #

CR2E034 (9/99)