

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000055086**1. Entity Name
PCF CONSULTING, INC.

Principal Place of Business	Mailing Address
560 SOUTH ATLANTIC AVENUE	POST OFFICE BOX 321235
SUITE B	
COCOA BEACH FL	COCOA BEACH FL
32931	32932

2. Principal Place of Business	3. Mailing Address
851 SOUTH ORLANDO AVE	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
COCOA BEACH FL	

Zip	Country	Zip	Country
32931			

4. FEI Number	Applied For
59-3581726	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES FL
33134 US**7. Name and Address of New Registered Agent**Name
CHAMBERLIN CHAD A
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 321235City
COCOA BEACH FL Zip Code
32932

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 **CHAD A. CHAMBERLIN****01/27/2001**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VPST	<input type="checkbox"/> Delete
NAME	CHAMBERLIN YVETTE A	
STREET ADDRESS	851 S ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CHAMBERLIN CHAD 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: Chad A. Chamberlin

PSTD 01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)