

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90011 049 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">999000055604</span> 1. Entity Name <span style="font-size: 1.2em;">P.C. Title, Inc.</span>				<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">           Principal Place of Business      Mailing Address (same)  <span style="font-size: 1.2em;">2605 Enterprise Road East #150</span>  <span style="font-size: 1.2em;">Clearwater, FL 33759</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">             2. Principal Place of Business              Suite, Apt. #, etc.              City &amp; State              Zip      Country           </div> <div style="width: 48%;">             3. Mailing Address              Suite, Apt. #, etc.              City &amp; State              Zip      Country           </div> </div>	
4. FEI Number <span style="font-size: 1.2em;">59-3582624</span>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <div style="font-size: 1.2em;">           GORMAN, IAN            2605 Enterprise Road E. #150            Clearwater, FL 33759         </div>				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;">           Name            Street Address (P.O. Box Number is Not Acceptable)            City      FL      Zip Code         </div>	
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 _____ (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. <input type="checkbox"/>		<b>FILE NOW!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<input type="checkbox"/> Delete	<span style="font-size: 1.2em;">Baumgart, William</span>	<span style="font-size: 1.2em;">2605 Enterprise Rd E. #150</span>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<span style="font-size: 1.2em;">Clearwater, FL 33759</span>			
	<input type="checkbox"/> Delete	<span style="font-size: 1.2em;">GORMAN, IAN</span>	<span style="font-size: 1.2em;">2605 Enterprise Rd E. #150</span>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<span style="font-size: 1.2em;">Clearwater, FL 33759</span>			
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: <span style="font-size: 1.2em;">[Signature]</span>			7-31-01 (727) 712-9004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Telephone		

CR2E034 (11/00)