

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077588

1. Entity Name

PROFESSIONAL CONTRACTORS & ENGINEERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90209 043 ***150.00

Principal Place of Business Mailing Address
100 MADRID BLVD., SUITE 313 100 MADRID BLVD., SUITE 313
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-7906

2. Principal Place of Business 3. Mailing Address
26530 MALLARD WAY P. O. BOX 510366
Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE A

City & State City & State
PUNTA GORDA, FL PUNTA GORDA, FL

Zip Country Zip Country
33950 CHARLOTTE 33951-0366 CHARLOTTE



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0946929 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

MOORE, JAMES E III
1625 WEST MARION AVENUE, SUITE 2
PUNTA GORDA FL 33950

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (See criteria on back) ☐

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	D	<input type="checkbox"/> Delete
NAME	SIMON, W. CRAIG	
STREET ADDRESS	4250 E BROADWAY SUITE 890	
CITY-ST-ZIP	COLUMBIA MO 65205	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, CHRISTOPHER J	
STREET ADDRESS	2000 VOSS OAKS CIRCLE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVERLY, JULIAN T	
STREET ADDRESS	1480 NARRNJA ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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"/> Change <input type="checkbox"/> Addition
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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: W. CRAIG SIMON 4-27-00 573-442-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #