

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091458

1. Entity Name

P C MADE EASY, INC.

Principal Place of Business

Mailing Address

P. O. BOX 18305
PANAMA CITY BCH FL 32417-8305

P. O. BOX 18305
PANAMA CITY BCH FL 32417-8305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, MARY E
307 PRUDENCE LN.
PANAMA CITY BCH FL 32408

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	FRANCO, MARY E	307 PRUDENCE LN.	PANAMA CITY BCH FL 32408	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	FRANCO, JOSEPH A	113 COLONY HARBOUR RD.	PANAMA CITY BCH FL 32407	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	FRANCO, ANTHONY P	516 SEA BREEZE RD.	PANAMA CITY BCH FL 32413	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Mary E. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E. Franco

3/16/00
Date

(850) 234-5588
Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 19/99