

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90160 033 ***150.00

DOCUMENT # P990000914581. Entity Name
P C MADE EASY, INC.Principal Place of Business
**P. O. BOX 18305
PANAMA CITY BCH FL 32417-8305**Mailing Address
**P. O. BOX 18305
PANAMA CITY BCH FL 32417-8305**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3604527

Applied For

Not Applicable

Zip

Country

Zip

Country

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****FRANCO, MARY E
20405 S LAKEVIEW DR
PANAMA CITY FL 32413**

Name

Street Address (P.O. Box Number is Not Acceptable)

20905 S LAKEVIEW DR

City

PANAMA CITY BEACH FL

Zip Code

32413

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) DATE9. 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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **FRANCO, MARY E**
CITY-ST-ZIP **20405 S LAKEVIEW DR
PANAMA CITY FL 32413**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20905 S. LAKEVIEW DR**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FRANCO, JOSEPH A**
CITY-ST-ZIP **113 COLONY HARBOUR RD.
PANAMA CITY BCH FL 32407**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **FRANCO, ANTHONY P**
CITY-ST-ZIP **516 SEA BREEZE RD.
PANAMA CITY BCH FL 32413**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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

Mary E. Franco**4/11/02**

Date

(850) 234-5588

Daytime Phone #

CR2E034 (9/01)