

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90207 014 ***550.00

DOCUMENT # P99000099841

1. Entity Name
PCM-GP, INC.

Principal Place of Business
3003 TAMiami TR. N. STE. 360
NAPLES FL 34103

Mailing Address
3003 TAMiami TR. N. STE. 360
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3001 Tamiami Trail North
 Suite, Apt. #, etc.
Suite 207
 City & State
Naples, FL

3. Mailing Address
3001 Tamiami Trail North
 Suite, Apt. #, etc.
Suite 207
 City & State
Naples, FL

4. FEI Number **65-0969075** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
Joseph I. Perkovich
 Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail North, Suite 207
 City
Naples **FL** Zip Code
34103

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 *Joseph I. Perkovich* 5/15/02
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO SHERMAN, BRUCE S 3003 TAMiami TRAIL N STE 360 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Miles C. Collier 3001 Tamiami Trail North, Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, GREGG J 3003 TAMiami TRAIL N STE 360 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKOVICH, JOSEPH I 3001 TAMiami TRAIL N STE 207 NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V T-S Joseph I. Perkovich 3001 Tamiami Trail North, Suite 207 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, THOMAS J 3003 TAMiami TRAIL N STE 400 NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V Thomas J. Flood 3001 Tamiami Trail North, Suite 207 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTS JOYCE, DAVID G 3003 TAMiami TRAIL N STE 360 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secy Deborah L. Kurtyka 3001 Tamiami Trail North, Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treas Sandra D. Walker 3001 Tamiami Trail North, Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" 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: *Joseph I. Perkovich* 5/15/02 239-435-1122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)