

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90207 024 ***150.00

001044

DOCUMENT # S60668

1. Entity Name
PCADVIZOR, INC.

Principal Place of Business
RT 5 BOX 2009
PALATKA FL 32177

Mailing Address
RT 5 BOX 2009
PALATKA FL 32177

2. Principal Place of Business
104 CARRIAGE DR.
Suite, Apt. #, etc.

3. Mailing Address
104 CARRIAGE DR.
Suite, Apt. #, etc.

City & State
PALATKA, FL

City & State
PALATKA, FL

4. FEI Number 59-3082018

Applied For
Not Applicable

Zip 32177 Country USA

Zip 32177 Country USA

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

6. Name and Address of Current Registered Agent

LEWIS, MARK B.
104 CARRIAGE DRIVE
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name
LEWIS, MARK B.
Street Address (P.O. Box Number is Not Acceptable)
104 CARRIAGE DRIVE
City PALATKA FL Zip Code 32177

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 *Mark B. Lewis* 30 Apr 2001
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, 2001 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

TITLE D
NAME LEWIS, MARK B
STREET ADDRESS RT 5 BOX 2009
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE D
NAME LEWIS, VICTORIA S
STREET ADDRESS RT 5 BOX 2009
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/PAT
NAME MARK B. LEWIS
STREET ADDRESS 104 CARRIAGE DRIVE
CITY-ST-ZIP PALATKA, FL 32177 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Mark B. Lewis* 30 Apr 2001 386.325.4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)