

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79851

1. Entity Name

P C F S, INCORPORATED

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90077 002 ***150.00

Principal Place of Business

Mailing Address

3501 DEL PRADO BLVD.
STE 200
CAPE CORAL FL 33904

3501 DEL PRADO BLVD.
STE 200
CAPE CORAL FL 33904-7211

2. Principal Place of Business

3. Mailing Address

3501 DEL PRADO BLVD
Suite, Apt. #, etc.
#205

3501 DEL PRADO BLVD
Suite, Apt. #, etc.
#205

City & State
CAPE CORAL FL

City & State
CAPE CORAL

Zip
33904

Country
USA

Zip
33904

Country
USA

4. FEI Number 65-0284886

Applied For
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

BRITTAIN, WILLIAM H.
3501 DEL PRADO BLVD.
STE 200 205
CAPE CORAL FL 33904

Name

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

3501 DEL PRADO BLVD. #205

City CAPE CORAL

FL

Zip Code
33904

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 office, 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	PD BRITTAIN, WILLIAM H. 3501 DEL PRADO BLVD. STE 200 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESTES, BARBARA W. 3501 DEL PRADO BLVD. STE 200 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)