

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000063954

**Entity Name:** PCE MANAGEMENT, INC.

**Current Principal Place of Business:**

200 E NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789

**Current Mailing Address:**

200 E NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

**FEI Number:** 01-0713242

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JASMUND, DAVID J  
200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VPT  
Name           JASMUND, DAVID J  
Address        200 E. NEW ENGLAND AVE., STE. 400  
  
City-State-Zip: WINTER PARK FL 32789

Title           P  
Name           POOLE, MICHAEL W  
Address        200 E. NEW ENGLAND AVE., STE. 400  
  
City-State-Zip: WINTER PARK FL 32789

Title           VP  
Name           STEWART, WILLIAM A  
Address        200 E NEW ENGLAND AVENUE  
                  SUITE 400  
City-State-Zip: WINTER PARK FL 32789

Title           VP  
Name           ROSENDAHL, MICHAEL E  
Address        215 E RIDGEWOOD AVE  
                  SUITE 206  
City-State-Zip: RIDGEWOOD NJ 07450

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL POOLE

P

03/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date