

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90359 045 ***158.75

05/03/07 AV

DOCUMENT # P01000087444

1. Entity Name
FPB BANCORP, INC.

Principal Place of Business
**1301 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952**

Mailing Address
**1301 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-1147861

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**EGLER & DOUGHERTY, P.A.
 1501 PARK AVE. E.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **DAVID W. SKILES, PRESIDENT & C.E.O.**

Street Address (P.O. Box Number is Not Acceptable)
1301 SE PORT ST. LUCIE BLVD.

City **PORT ST. LUCIE** **FL** Zip Code **34952**

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 **DAVID W. SKILES, PRESIDENT & C.E.O.** **4/9/02**

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

TITLE	D <input type="checkbox"/> Delete
NAME	AUTIN, JAMES L
STREET ADDRESS	1700 HILLMOOR DR., STE. 501
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	D <input type="checkbox"/> Delete
NAME	BAKER, JOHN
STREET ADDRESS	1281 INDIAN MOUND TRAIL
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input type="checkbox"/> Delete
NAME	BERGER, GARY A
STREET ADDRESS	111 ORANGE AVE.
CITY-ST-ZIP	FT. PIERCE FL 34950
TITLE	D <input type="checkbox"/> Delete
NAME	CUOZZO, DONALD J
STREET ADDRESS	735 COLORADO AVE., STE. 1
CITY-ST-ZIP	STUART FL 34994
TITLE	D <input type="checkbox"/> Delete
NAME	DECKER, ANN L
STREET ADDRESS	PO BOX 497
CITY-ST-ZIP	JENSEN BEACH FL 34958
TITLE	D <input type="checkbox"/> Delete
NAME	MIRET, PAUL J
STREET ADDRESS	7950 POPPY HILLS LN
CITY-ST-ZIP	PORT ST. LUCIE FL 34986

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **DAVID W. SKILES, PRESIDENT & C.E.O.** **4/9/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (772) 398-1388 Date Daytime Phone #

CR2E034 (9/01)