

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

EGLER & DOUGHERTY, P.A.
1501 PARK AVE. E.
TALLAHASSEE FL 32301

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

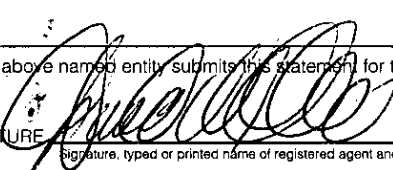
Street Address (P.O. Box Number is Not Acceptable)
1301 SE PORT ST. LUCIE BLVD.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **AUTIN, JAMES L**
 STREET ADDRESS **1700 HILLMOOR DR., STE. 501**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

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

TITLE **D** ☐ Delete
 NAME **BAKER, JOHN**
 STREET ADDRESS **1281 INDIAN MOUND TRAIL**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **D** ☐ Delete
 NAME **BERGER, GARY A**
 STREET ADDRESS **111 ORANGE AVE.**
 CITY-ST-ZIP **FT. PIERCE FL 34950**

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

TITLE **D** ☐ Delete
 NAME **CUOZZO, DONALD J**
 STREET ADDRESS **735 COLORADO AVE., STE. 1**
 CITY-ST-ZIP **STUART FL 34994**

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

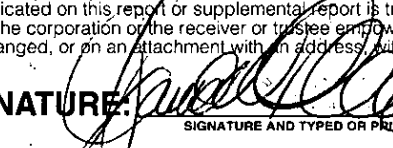
TITLE **D** ☐ Delete
 NAME **DECKER, ANN L**
 STREET ADDRESS **PO BOX 497**
 CITY-ST-ZIP **JENSEN BEACH FL 34958**

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

TITLE **D** ☐ Delete
 NAME **MIRET, PAUL J**
 STREET ADDRESS **7950 POPPY HILLS LN**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE ☐ Change ☐ 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)