

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 050 ***150.00

DOCUMENT # P02000003922

1. Entity Name
PB&S, INC.



Principal Place of Business
1382 SHEFFIELD RD
JACKSONVILLE FL 32259

Mailing Address
1382 SHEFFIELD RD
JACKSONVILLE FL 32259



2. Principal Place of Business
7911 BLANDING BLVD,
Suite, Apt. #, etc.
SUITE 4
City & State
JACKSONVILLE, FL,
Zip
32244
Country
DUAL

3. Mailing Address
7911 BLANDING BLVD,
Suite, Apt. #, etc.
SUITE 4
City & State
JACKSONVILLE, FL,
Zip
32244
Country
DUAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 800024717 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KELLISON, LEE G
12276 SAN JOSE BLVD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
Name PETER DAILEY
Street Address (P.O. Box Number is Not Acceptable)
7911 BLANDING BLVD. SUITE 4
City JACKSONVILLE FL Zip Code 32244

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PETER DAILEY V.P. Peter Dailey 7-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAILEY, PETER 1382 SHEFFIELD RD JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, BONNIE 1382 SHEFFIELD RD JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Dailey SIGNATURE REQUIRED 7-4-03 904.573-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

PB+S INC. D.B.A.

SALLY'S ROSES & MORE
7911-4 BLANDING BLVD.
JACKSONVILLE, FL 32244
904-573-0077

Attachment 90140901
#P02000003922

7-4-03

WE ARE SORRY BUT PB+S INC. DID NOT
RECEIVE THE PRIOR NOTICE. PLEASE WAIVE
THE LATE FEE.

THANK YOU.

Peter Dailey PB+S INC.