

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90055 041 ***150.00

0598286 AT

DOCUMENT # 018245

1. Entity Name

PCB, THE COMMUNITY BANK

Principal Place of Business

**5408 TENTH STREET
MALONE FL**

Mailing Address

**5408 TENTH STREET
MALONE FL**

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

59-0238485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RICKEY E. STUCKEY
5408 TENTH STREET
MALONE, FLORIDA 32445**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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** ☐ Delete
NAME **STUCKY, RICKY**
STREET ADDRESS **ROUTE 5, BOX 1205**
CITY-ST-ZIP **DONALSONVILLE GA 31745**

TITLE **D** ☐ Delete
NAME **RODGERS, JIMMY J**
STREET ADDRESS **5135 9TH AVENUE**
CITY-ST-ZIP **MALONE FL 32445**

TITLE **P** ☐ Delete
NAME **JACKSON, ROBERT A**
STREET ADDRESS **4650 THE OAKS DRIVE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Delete
NAME **SMITH, K.W.**
STREET ADDRESS **5388 10TH STREET**
CITY-ST-ZIP **MALONE FL 32445**

TITLE **D** ☐ Delete
NAME **JORDON, GREEN JR**
STREET ADDRESS **5305 10TH STREET**
CITY-ST-ZIP **MALONE FL 32445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **STUCKEY, RICKY**
STREET ADDRESS **2049 WHITES DAIRY ROAD**
CITY-ST-ZIP **IRON CITY, GA 31759**

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **TYLER, J. PHILIP**
STREET ADDRESS **4564 RED OAK TRACE**
CITY-ST-ZIP **MARIANNA, FL 32446**

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:

Rickey E. Stuckey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rickey E. Stuckey 2-27-02 229-758-8822

Date

Daytime Phone #

CR2E034 (9/01)