

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 182095

1. Entity Name

PALM BEACH BUILDING DISPLAY CENTER INC

Principal Place of Business

129 S. GOLFVIEW DRIVE
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 5869
LAKE WORTH FL 33466-5869

2. Principal Place of Business

3. Mailing Address

P.O. Box 7308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
West Palm Bch, FL 33

Zip

Country

Zip

Country

33405

4. FEI Number

59-0727422

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

PILOTTE, FRANK T ESQUIRE
340 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	POHL, CAROLE M.	
STREET ADDRESS	1413 SW FIRST AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOTTOR, VICTOR R.	
STREET ADDRESS	P.O. BOX 6793	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOTTOR, DOUGLAS	
STREET ADDRESS	5112 ASHLEY LAKE DR. #631	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: Carole M. Pohl CAROLE M. POHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000 954-421-0997
Date Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90071 038 ***150.00

042404



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)