

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 241530

1. Entity Name  
POBACO INC

Principal Place of Business  
200 NORTH PHOSPHATE BLVD.  
MULBERRY FL 33860

Mailing Address  
200 NORTH PHOSPHATE BLVD.  
MULBERRY FLA 33860-2328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, JAMES R.  
225 S CENTRAL AVE  
BARTOW FL 33830

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  
NAME BADCOCK, BEN M.  
STREET ADDRESS 1202 KELLS COURT  
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE VPD  
NAME BADCOCK, HENRY C.  
STREET ADDRESS 1976 VISTA VIEW  
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE STD  
NAME BADCOCK, WOGAN S., III  
STREET ADDRESS 3529 CREWS LAKE DR  
CITY-ST-ZIP LAKELAND, FL 00000 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: X

WOGAN S. BADCOCK, III, SEC/TREAS

2/7/00

Date

(863) 425-4921

Daytime Phone #

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90007 044 \*\*\*150.00

00010401



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0948815

Applied For  
Not Applicable

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