FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 549535** PBF PROVISIONERS, INC. 04-03-2001 90033 050 \*\*\*150.00 Principal Place of Business Mailing Address 6625 WHITE DRIVE ... 6625 WHITE DRIVE RIVIERA BEACH FL 33407-1209 WEST PALM BEACH FL 33407 -00030951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1749635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROOME, WILLIAM R. H. Street Address (P.O. Box Number is Not Acceptable) 801 SPENCER DR. WEST PALM BEACH FL 33409 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE LOPER, CHARLES R NAME NAME STREET ADDRESS **400 ARABIAN ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL Change ☐ Addition Delete TITLE TITLE LOPER, CHARLES EDWARD NAME NAME 306 EARL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE 🗆 Delete TITLE LOPER, CHARLES R., JR. NAME NAME 240A SOUTH COUNTY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Delete TITLE ☐ Addition LOPER, LEELA NAME NAME 400 ARABIAN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition 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.