

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90130 035 ***150.00

DOCUMENT # 549535

1. Entity Name
PBF PROVISIONERS, INC.



Principal Place of Business
**6625 WHITE DRIVE
RIVIERA BEACH FL 33407-1209**

Mailing Address
**6625 WHITE DRIVE
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1749635**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOME, WILLIAM R. H.
801 SPENCER DR.
WEST PALM BEACH FL 33409**

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

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
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 **P** ☒ Delete
NAME **LOPER, CHARLES R**
STREET ADDRESS **128 SAGINWOOD LANES**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

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

TITLE **VP** ☒ Delete
NAME **LOPER, CHARLES EDWARD**
STREET ADDRESS **306 EARL ST.**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **T** ☐ Delete
NAME **LOPER, CHARLES R., JR.**
STREET ADDRESS **11952 61ST STREET N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Loper, Charles R. Jr.**
STREET ADDRESS **11952 61st Street N.**
CITY-ST-ZIP **West Palm Beach, FL 33412**

TITLE **S** ☐ Delete
NAME **LOPER, LEELA**
STREET ADDRESS **128 SAGINWOOD LN N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **President** ☒ Change ☐ Addition
NAME **Loper, Leela**
STREET ADDRESS **128 Saginwood Lane**
CITY-ST-ZIP **West Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Loper, Charles Scott** ☐ Change ☒ Addition
NAME **404 Anchorage Lane**
STREET ADDRESS **No. Palm Beach, FL 33408**
CITY-ST-ZIP **Sea, 1 Seas.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Leela Loper**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **(201) 776-7185**
Date Daytime Phone #

CR2E034 (10/02)