

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90059 032 \*\*\*150.00

**DOCUMENT # 577678**

1. Entity Name

**PBS OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**10105 9TH ST N  
 ST PETERSBURG FL 33716  
 US**

**911 PANORAMA TR S  
 ROCHESTER NY ~~14625-2311~~  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1825843**

Applied For

Not Applicable

Zip

Country

Zip

Country

**14625-0397**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	POLISSENI, E R	16 BEAUCLAIRE LN	FAIRPORT NY 14450	<input type="checkbox"/> Delete			911 PANORAMA TRAIL SOUTH	ROCHESTER, NY 14625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	HILL, C	700 115TH AVE	TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete			10105 9TH STREET N	ST. PETERSBURG - FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STD	MORPHY, JOHN	51 VINEYARD HILL	FAIRPORT NY	<input type="checkbox"/> Delete			911 PANORAMA TRAIL SOUTH	ROCHESTER, NY 14625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	TORTORELLA, A	7 ROYALE DR	FAIRPORT NY 14450	<input type="checkbox"/> Delete			911 PANORAMA TRAIL SOUTH	ROCHESTER, NY 14625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

714-385-1666

Daytime Phone #

CR2E034 (9/93)