

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90241 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80108976

DOCUMENT # 577678					
1. Entity Name PBS OF AMERICA, INC.					
Principal Place of Business 10105 9TH ST N ST PETERSBURG, FL 33716 US			Mailing Address 911 PANORAMA TR S ROCHESTER, NY 14625 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1825843			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
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 _____ DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when submitting)					
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	TITLE	☐ Change ☐ Addition	
NAME	HILL, CRAIG		NAME		
STREET ADDRESS	10105 9TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MORPHY, JOHN		NAME		
STREET ADDRESS	911 PANORAMA TRAIL SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14625		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TORTORELLA, A		NAME	TORTORELLA, ANTHONY	
STREET ADDRESS	911 PANORAMA TRAIL SOUTH		STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER, NY 14625		CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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: _____			Date: 5/28/03 Original Phone # 585-385-1444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR0034 (10/02)