2001 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2001 8:00 am DOCUMENT # F9200001002 **Secretary of State** 1. Entity Name PBL REALTY, INC. 03-13-2001 90314 013 ***158.75 Principal Place of Business Mailing Address 120 SPARROW DR. 2919-E N. MILITARY TRAIL BOX 360 #108 ROYAL PALM BEACH FL 33411 WEST PALM BEACH FL 33409 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 36-3552128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent **BRABON, JERRY** Street Address (P.O. Box Number is Not Acceptable) 2919-E NORTH MILITARY TRAIL WEST PALM BEACH FL 33409 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE Delete TITLE BRABON, JERRY A NAME NAME 13814 SAND RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ۷Ď ☐ Change Addition TITLE ☐ Delete TITLE VINER, CLIFFORD NAME NAME 4100 SANCTUARY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Addition ☐ Change Delete TITLE MOSLER, WARREN B NAME NAME STREET ADDRESS STREET ADDRESS 483 SO. BEACH RD. CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ 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 accuracy, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-5-00

OF PBL REACTY

61-195-132

☐ Addition

Daytime Phone #

☐ Change