## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am Secretary of State **FILED** F92000001002 DOCUMENT # 1. Entity Name PBL REALTY, INC. 02-11-2002 90095 005 \*\*\*158.75 Principal Place of Business Mailing Address 2919-E N. MILITARY TRAIL 120 SPARROW DR. BOX 360 ROYAL PALM BEACH FL 33411 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-3552128 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired · 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRABON, JERRY Street Address (P.O. Box Number is Not Acceptable) 2919-E NORTH MILITARY TRAIL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRABON, JERRY A NAME NAME 13814 SAND RIDGE ROAD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7I8 CITY-ST-ZIP ☐ Change ☐ Addition **VD** ☐ Delete TITL F NAME VINER, CLIFFORD NAME STREET ADDRESS STREET ADDRESS 4100 SANCTUARY LANE CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME MOSLER, WARREN B NAME STREET ADDRESS STREET ADDRESS 483 SO. BEACH RD. CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplier ental 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 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP