

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90142 002 \*\*\*150.00

**DOCUMENT # G46342**

1. Entity Name  
**PBG FINANCIAL SERVICES, INC.**

Principal Place of Business      Mailing Address

% DONALD R GRAHAM      % DONALD R GRAHAM  
P.O. BOX 596      P.O. BOX 596  
GRACEVILLE FL 32440      GRACEVILLE FL 32440-0596

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      Applied For

**59-2382703**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**GRAHAM, DONALD R**  
**5306 BROWN ST**  
**GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAYMER, BRYAN W</b>	NAME	
STREET ADDRESS	<b>1188 10TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELHAM, CLIFFORD</b>	NAME	
STREET ADDRESS	<b>1239 HWY 2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENSON, CHARLES</b>	NAME	
STREET ADDRESS	<b>1717 HWY 2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CAMPBELLTON FL</b>	CITY-ST-ZIP	
TITLE	<b>DVC</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCRAE, FINLEY</b>	NAME	
STREET ADDRESS	<b>1605 8TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GRACEVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, CURTIS</b>	NAME	
STREET ADDRESS	<b>13905 PRILCAN ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GRACEVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMM, JOHN W.</b>	NAME	
STREET ADDRESS	<b>RT 3 BOX 206</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SLOCOMB AL</b>	CITY-ST-ZIP	

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: *Donald R Graham*      Date: 4/11/00      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)