

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67496

1. Entity Name

PRIVATE BRAND SALES ENTERPRISES, INC.

Principal Place of Business

% FARMAND, FARMAND & FARMAND  
303 CENTRE ST., STE. 201  
FERNANDINA BCH. FL 32034-4277

Mailing Address

% FARMAND, FARMAND & FARMAND  
303 CENTRE ST., STE. 201  
FERNANDINA BCH. FL 32034-4277

2. Principal Place of Business

303 Centre St.  
Suite, Apt. #, etc.  
# 201

3. Mailing Address

303 Centre St. # 201  
Suite, Apt. #, etc.

City & State

FERNANDINA Bch. FL 32034

City & State

FERNANDINA Bch. FL

Zip

32034

Country

NAUSAU

Zip

32034

Country

NAUSAU

4. FEI Number

58-1655494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, PATRICK  
2035 HERSCHEL STREET  
JACKSONVILLE FL 32204

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-01

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
POMSEL, ERNEST  
303 CENTRE ST, STE 201  
FERNANDINA BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BUECHNER, ROBERT W.  
105 E 4TH ST, STE 1405  
CINCINNATI OH

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ 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 address, with all other like empowered.

SIGNATURE:

*Ernest Pomsel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-0 9042802999

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90476 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)