

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88193

1. Entity Name

PABLO CENTER BUILDING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90117 025 ***150.00

Principal Place of Business

Mailing Address

**415 PABLO AVE N
 JACKSONVILLE BEACH FL 32250
 US**

**PO BOX 50127
 JACKSONVILLE BEACH FL 32240-0127
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3019665

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLSON, WILLARD B.
 315 N 11TH AVE
 JACKSONVILLE BCH FL 32250**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKSTROM, BRUCE K.	NAME	
STREET ADDRESS	107 LINKS RD	STREET ADDRESS	
CITY-ST-ZIP	MARTHASVILLE MO	CITY-ST-ZIP	
TITLE	SPDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSERLIE, CAROL	NAME	
STREET ADDRESS	201 TWELVE OAKS LANE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIER, ROBERT P.	NAME	
STREET ADDRESS	15 ONEIDA ROAD	STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODZIEJ, DEBORAH	NAME	
STREET ADDRESS	19 FAIRVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SOUTHBOROUGH MA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, or all other like empowered.

SIGNATURE:

Carol Messerlie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Messerlie

Date

(904) 285-7568
 Daytime Phone #

Carol Messerlie

Carol Messerlie

(904) 285-7568

CR2E034 (9/99)