

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88193

1. Entity Name

PABLO CENTER BUILDING, INC.

Principal Place of Business

415 PABLO AVE N
JACKSONVILLE BEACH FL 32250
US

Mailing Address

PO BOX 50127
JACKSONVILLE BEACH FL 32240
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
NICHOLSON, WILLARD B.
Street Address (P.O. Box Number is Not Acceptable)
6639 SOUTHPOINT PARKWAY, SUITE 101
City JACKSONVILLE FL Zip Code 32216

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, 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	D	<input type="checkbox"/> Delete
NAME	EKSTROM, BRUCE K.	
STREET ADDRESS	107 LINKS RD	
CITY-ST-ZIP	MARTHASVILLE MO	
TITLE	SPDC	<input type="checkbox"/> Delete
NAME	MESSERLIE, CAROL	
STREET ADDRESS	201 TWELVE OAKS LANE	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCIER, ROBERT P.	
STREET ADDRESS	15 ONEIDA ROAD	
CITY-ST-ZIP	ACTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOŁODZIEJ, DEBORAH	
STREET ADDRESS	19 FAIRVIEW DR	
CITY-ST-ZIP	SOUTHBOROUGH MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Carol Messerlie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

904-285-7568

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90374 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)