

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90121 050 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006751

1. Entity Name

Palm Beach Business Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 North J Street

3. Mailing Address
PO Box 3142

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, Fl.

City & State
Palm Beach, Fl.

4. FEI Number
65-0877806

Applied For
Not Applicable

Zip
33460

Country
USA

Zip
33480

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Les Rossi

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

% Fletcher Accounting - 11 North J Street

City
Lake Worth

FL Zip Code
33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Les Rossi LES ROSSI

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Les Rossi
11 North J Street
Lake Worth, Fl. 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Pamela S Thomas
11 North J Street
Lake Worth, Fl. 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Juan Cardenas
7522 75th Way
West Palm Beach, Fl. 33407

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Les Rossi LES ROSSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

561.832-4365
Daytime Phone #

CR2E037B (12/02)