

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90059 041 \*\*\*\*\*70.00

**DOCUMENT # N98000006971**

1. Entity Name

**PALM BEACH COUNTY RESOURCE CENTER, INC.**

Principal Place of Business

Mailing Address

2001 BROADWAY, STE. 301  
 RIVIERA BEACH FL 33404

2001 BROADWAY, STE. 301  
 RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

2001 Broadway  
 Suite, Apt. #, etc.  
 Suite 250

2001 Broadway  
 Suite, Apt. #, etc.  
 Suite 250

City & State

Riviera Beach FL

City & State

Riviera Beach FL

Zip

33404

Country

U.S.A.

Zip

33404

Country

U.S.A.

4. FEI Number

65-0880746

Applied For

Not Applicable

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

SKYERS, PAUL  
 2001 BROADWAY, STE. 301  
 RIVIERA BEACH FL 33404

Name **Paul Skyers**

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

2001 Broadway

Suite 250

City

Riviera Beach

FL

Zip Code

33404

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 **Paul Skyers** **Paul Skyers Registered Agent** **2/14/2002**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
 NAME **HOWARD, JOHN**  
 STREET ADDRESS **2001 BROADWAY STE 301**  
 CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Ernie Garvey**  
 STREET ADDRESS **3532 Broadway**  
 CITY-ST-ZIP **Riviera Beach, FL 33404**

TITLE **D** ☒ Delete  
 NAME **WATKINS, TOM**  
 STREET ADDRESS **1555 PALM BCH LAKES BLVD #400**  
 CITY-ST-ZIP **WEST PALM BCH FL 33401**

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

TITLE **D** ☐ Delete  
 NAME **CORLEY, LESLIE**  
 STREET ADDRESS **120 S. OLVE AVE #400**  
 CITY-ST-ZIP **W. PALM BCH FL 33401**

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

TITLE **D** ☐ Delete  
 NAME **FRANCES, FRANCIS**  
 STREET ADDRESS **625 N FLAGLER DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul Skyers** **Paul Skyers**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/2002 (561) 863-0895**  
 Date Daytime Phone #

CR2E037 (9/01)