2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

TYPED OR PRINTED NAME OF

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000069701 1. Entity Name PBB HOLDINGS, INC. 04-16-2001 90058 021 ***150.00 Principal Place of Business Mailing Address 50 WEST BRADLEY 407 15 50 WEST BRADLEY AOT IS DESTIN FL 32550 DESTIN FL 32550 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59 3662318 \$8.75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent V. LYNN GRAYBILL Street Address (P.O. Box Number is Not Acceptable) **50 WEST BRADLEY** LOT 15 DESTIN FL 32550 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible_ \$5:00 May Be - 10.-Election:Campaign:Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME V. LYNN GRAYBILL NAME STREET ADDRESS STREET ADDRESS 101 BREWSTER ROAD CITY-ST-ZIP CITY-ST-ZIP MADISONVILLE LA 70447 Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 page, like empowered.

SIGNING OFFICER OR DIRECTOR

V. LYNN GRAYBILL Y/(/0/ \$50-837-986)

ECTOR Date Dayline Phone #