

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90864 023 ***150.00

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DOCUMENT # P00000069701

1. Entity Name
PBB HOLDINGS, INC.

Principal Place of Business
**50 WEST BRADLEY
LOT 15
DESTIN FL 32550**

Mailing Address
**50 WEST BRADLEY
LOT 15
DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

**411 WALNUT
#1851**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GREEN COVE SPRINGS, FL

4. FEI Number **59-3662318**

Applied For
Not Applicable

Zip

Country

Zip

Country

32043

USA

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

**V. LYNN GRAYBILL
50 WEST BRADLEY
LOT 15
DESTIN FL 32550**

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
V. LYNN GRAYBILL
101 BREWSTER ROAD
MADISONVILLE LA 70447** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
V. LYNN GRAYBILL
50 W. BRADLEY #15
DESTIN, FL 32550** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 employment.

SIGNATURE:

V. LYNN GRAYBILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/02

Daytime Phone #

800-559-3884

CR2E034 (9/01)