

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096652

1. Entity Name

PFB ENTERPRISES, INC.

Principal Place of Business

731 LOGAN BLVD.  
NAPLES FL 34119

Mailing Address

731 LOGAN BLVD.  
NAPLES FL 34119

2. Principal Place of Business

731 LOGAN BLVD. S

Suite, Apt. #, etc.

3. Mailing Address

731 LOGAN BLVD. S

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1051504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIALEK, JOSHUA M ESQ.  
PORTER, WRIGHT, MORRIS & ARTHUR, LLP.  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name PATRICIA J. BUSCHE

Street Address (P.O. Box Number is Not Acceptable)  
731 LOGAN BLVD. S.

City NAPLES

FL

Zip Code 34119

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

*Patricia J. Busche*, PRES. PATRICIA J. BUSCHE 5/1/01  
Signature, typed or printed name of registered agent and date 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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME PRESIDENT  
STREET ADDRESS PATRICIA J. BUSCHE  
CITY-ST-ZIP 731 LOGAN BLVD. S  
NAPLES, FL 34119

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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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:

*Patricia J. Busche*, PRES. PATRICIA J. BUSCHE  
Signature AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/1/01

941-341-0284

Date

Daytime Phone #

FILED  
Jun 20, 2001 8:00 am  
Secretary of State

05-18-2001 91222 038 \*\*\*150.00

8119



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)