

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90055 031 ***150.00

DOCUMENT # P01000002109

1. Entity Name
P.B.L. MANAGEMENT, INC.

Principal Place of Business Mailing Address
121 ISLAND COVE WAY 121 ISLAND COVE WAY
PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
121 ISLAND COVE WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS FL
 Zip
33418
 Country
US

City & State
 Zip
 Country

4. FEI Number
65-1068607
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANDELSON, PATTI A
121 ISLAND COVE WAY
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVT HANDELSON, PATTI A 121 ISLAND COVE WAY PALM BCH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANDELSON, ROBERT L 121 ISLAND COVE WAY PALM BCH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Patti Ann Handelson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02
 Date

Daytime Phone #

CR2E034 (9/01)