

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90359 045 \*\*\*158.75

05/03/07 AV

**DOCUMENT # P01000087444**

1. Entity Name  
**FPB BANCORP, INC.**

Principal Place of Business  
**1301 SE PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952**

Mailing Address  
**1301 SE PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number  
**65-1147861**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EGLER & DOUGHERTY, P.A.  
 1501 PARK AVE. E.  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **DAVID W. SKILES, PRESIDENT & C.E.O.**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 SE PORT ST. LUCIE BLVD.**

City **PORT ST. LUCIE** **FL** Zip Code **34952**

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 **DAVID W. SKILES, PRESIDENT & C.E.O.** **4/9/02**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AUTIN, JAMES L</b>
STREET ADDRESS	<b>1700 HILLMOOR DR., STE. 501</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BAKER, JOHN</b>
STREET ADDRESS	<b>1281 INDIAN MOUND TRAIL</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BERGER, GARY A</b>
STREET ADDRESS	<b>111 ORANGE AVE.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CUOZZO, DONALD J</b>
STREET ADDRESS	<b>735 COLORADO AVE., STE. 1</b>
CITY-ST-ZIP	<b>STUART FL 34994</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DECKER, ANN L</b>
STREET ADDRESS	<b>PO BOX 497</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34958</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIRET, PAUL J</b>
STREET ADDRESS	<b>7950 POPPY HILLS LN</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **DAVID W. SKILES, PRESIDENT & C.E.O.** **4/9/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (772) 398-1388 Date Daytime Phone #

CR2E034 (9/01)