

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095556

1. Entity Name  
PB OF FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 13 AM 9:01

Principal Place of Business  
5121 S.W. 19TH AVENUE  
CAPE CORAL FL 33914

Mailing Address  
5121 S.W. 19TH AVENUE  
CAPE CORAL FL 33914



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEE Number

02-17-02 90078 045 \$150.00  
65-1150508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRENCH, ELWOOD D  
5121 S.W. 19TH AVENUE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Lynn I. Metcalfe

Street Address (P.O. Box Number is Not Acceptable)

2600 Overseas Highway

City

Marathon, Florida

FL

Zip Code

33050

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

N/A *Shirley D French*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-02

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 D ☒ Delete  
NAME FRENCH, RANDY L  
STREET ADDRESS 5121 S.W. 19TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☒ Delete  
NAME FRENCH, ELWOOD D  
STREET ADDRESS 5121 S.W. 19TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Gregory M. Shaka  
STREET ADDRESS 11322 Magnolia Place  
CITY-ST-ZIP Smithfield, Virginia 23430

TITLE D ☐ Change ☒ Addition  
NAME Donna M. Shaka  
STREET ADDRESS 11322 Magnolia Place  
CITY-ST-ZIP Smithfield, Virginia 23430

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

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

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

TITLE ☐ Change ☐ 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:

*Shirley D French*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

741541 2360

Daytime Phone #

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent in the State of Florida:

1. The name of the Corporation is PB OF FLORIDA, INC.

2. The name and address of the registered agent and office of the Corporation is: LYNN I. METCALFE, 5121 S.W. 19th AVENUE, CAPE CORAL, FLORIDA, 33914.

PB OF FLORIDA, INC.

By:

  
Lynn I. Metcalfe  
Registered Agent

Dated this 6<sup>th</sup> day of March 2002.

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 6<sup>th</sup> day of March 2002.

  
LYNN I. METCALFE  
Registered Agent