FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91835 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121746 ✓

1. Entity Name
PB CORPORATION

Principal Place of Business	Mailing Address
8010 CLEARY BLVD #103 PLANTATION, FL 33324	8010 CLEARY BLVD #103 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
9631 Orchid Grove Trail	9631 Orchid Grove Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33437-5475 Country: USA	Zip: 33437-5475 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0006194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, PHILIP
8010 CLEARY BLVD #103
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Bergman, Philip
Street Address (P.O. Box Number Is Not Acceptable): 9631 Orchid Grove Trail
City: Boynton Beach FL Zip Code: 33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 04/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BERGMAN, PHILIP	NAME	
STREET ADDRESS	~~8010 CLEARY BLVD #103~~	STREET ADDRESS	9631 Orchid Grove Trail
CITY-ST-ZIP	~~PLANTATION, FL 33324~~	CITY-ST-ZIP	Boynton Beach, Fl 33437
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] P.H. Bergman 4/7/03 561-487-3694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #