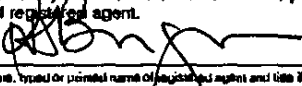


FILED
Apr 28, 2003 8:00 am
Secretary of State

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 8010 CLEARY BLVD #103 PLANTATION, FL 33324		Mailing Address 8010 CLEARY BLVD #103 PLANTATION, FL 33324	
2. Principal Place of Business 9631 ORCHID GROVE TRAIL Suite, Apt. #, etc.		3. Mailing Address 9631 ORCHID GROVE TRAIL Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip 33437-5475 Country USA		City & State Boynton Beach, FL Zip 33437-5475 Country USA	
4. FEI Number 80-0006194		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
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:  DATE: 04/2/03 (NOTE: Registered Agent signature required when alternating)			
		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 NAME STREET ADDRESS CITY-ST-ZIP	D BERGMAN, PHILIP 8010 CLEARY BLVD #103 PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9631 ORCHID GROVE TRAIL Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  P.H. Bergman 4/1/03 561-487-3694 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CH2ED34 (10/02)