

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 005 ***150.00

DOCUMENT # P020000 49551

1. Entity Name *Pablo Beach Business Consultants*



DO NOT WRITE IN THIS SPACE

90117346

2. Principal Place of Business

1903 North Third St

Suite, Apt. #, etc.

3. Mailing Address

1224 South First St

Suite, Apt. #, etc.

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

4. FEI Number

75-3042961

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Colette Corliss Sellers

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

1224 South First St. #2A

City *Jacksonville Beach*

FL

Zip Code

32250

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President & Director*
NAME *Colette Corliss Sellers*
STREET ADDRESS *1224 South First St #2A*
CITY-ST-ZIP *Jacksonville Beach FL 32250*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice President*
NAME *Charles W. Sellers*
STREET ADDRESS *1224 South First St #2A*
CITY-ST-ZIP *Jacksonville Beach FL 32250*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Colette Corliss Sellers, Colette Corliss Sellers* *April 25, 2003* *904-241-9992*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)