

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90303 034 ***150.00

DOCUMENT # P94000005278

1. Entity Name
PBS OF SOUTH FLORIDA, INC.

Principal Place of Business
10105 9TH ST N
ST PETERSBURG FL 33716
US

Mailing Address
911 PANORAMA TR S
ROCHESTER NY 14625-0397
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3220988

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P HILL, C
 STREET ADDRESS **10105 9TH STREET NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
DST MORPHY, JOHN
 STREET ADDRESS **911 PANDRAMA TRAIL SOUTH1**
 CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE NAME Change Addition
DST MORPHY, JOHN
 STREET ADDRESS **911 PANORAMA TRAIL SOUTH**
 CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE NAME Delete
V TORTORELLA, A
 STREET ADDRESS **911 PANDRAMA TRAIL SOUTH**
 CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE NAME Change Addition
V TORTORELLA, ANTHONY
 STREET ADDRESS **911 PANDRAMA TRAIL SOUTH**
 CITY-ST-ZIP **ROCHESTER NY 14625**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN MORPHY**
 Date **4/4/02** 585-385-16164 Daytime Phone #

0019531 A1

CF2E034 (9/01)