

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008452

1. Entity Name

P. B. PORTMANN & ASSOCIATES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90032 016 ***150.00

Principal Place of Business

6230 WEST INDIANTOWN ROAD
SUITE 7338
JUPITER FL 33458

Mailing Address

6230 WEST INDIANTOWN ROAD
SUITE 7338
JUPITER FL 33458-4617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17961 April Lane

Suite, Apt. #, etc.

17961 April Lane

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

4. FEI Number

65-0483031

Applied For

Not Applicable

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

PORTMANN, PAUL B
6230 W. INDIANTOWN RD. #7338
JUPITER FL 33458

Name

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

17961 April Lane

City

Jupiter

FL

Zip Code

33458

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, 2000 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 STREET ADDRESS CITY-ST-ZIP	DP PORTMANN, PAUL B 6230 W. INDIANTOWN RD. #7338 JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

P. B. PORTMANN President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

561-743-1030

Daytime Phone #

CR2E034 (9/99)