

1. Entity Name

PBT INTERNATIONAL, INC.

Principal Place of Business

14205 MYER LAKE CIR.
CLEARWATER FL 33760
US

Mailing Address

14205 MYER LAKE CIR.
CLEARWATER FL 33760-2824
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223676

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUH, DAN B.
248 MIRROR LAKE DR
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, PETER B	
STREET ADDRESS	HAYDON, WELLS, SOMERSET	
CITY-ST-ZIP	BA5 3EH UK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERRY, MARK	
STREET ADDRESS	14205 MYER LAKE CIRCLE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMPSON, EDITH	
STREET ADDRESS	HAYDON, WELLS,	
CITY-ST-ZIP	SOMERSET UK BA5 3	
TITLE	VP EXEC.	<input type="checkbox"/> Delete
NAME	Milford, R.W.J.	
STREET ADDRESS	Haydon, Wells	
CITY-ST-ZIP	SOMERSET UK BA5 3	
TITLE	VP Operations	<input type="checkbox"/> Delete
NAME	Agar, Barry	
STREET ADDRESS	14205 Myer Lake Cir	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	SINE, MARYANN	
STREET ADDRESS	14205 Myer Lake Cir.	
CITY-ST-ZIP	Clearwater, FL 33760	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haydon, Wells, Somerset
STREET ADDRESS	BA5 3EH UK
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #