

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90120 026 ***158.75

DOCUMENT # P94000021259

1. Entity Name

FLORIDA PROFESSIONAL BUSINESS BROKERS, INC.



Principal Place of Business

~~603 CHARLES ST~~
~~PORT ORANGE FL 32119~~
US

Mailing Address

~~603 CHARLES ST~~
~~PORT ORANGE FL 32119~~
US

2. Principal Place of Business

319 N. ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address

319 N. ATLANTIC AVE
Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA Bch. FL

Zip

32118

Country

U.S.A.

Zip

32118

Country

U.S.A.

4. FEI Number

59-3230171

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

CHARLA, PAUL

~~603 CHARLES ST~~

~~PORT ORANGE FL 32119~~

Name

CHARLA, PAUL

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

189 GULL CIRCLE N.

City

DAYTONA Bch.

FL

Zip Code

32119

7. Name and Address of New Registered Agent

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

PAUL M. CHARLA PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	DP	<input type="checkbox"/> Delete
NAME	CHARLA, PAUL	
STREET ADDRESS	603 CHARLES ST	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHARLA, MICHAEL	
STREET ADDRESS	603 CHARLES ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANNALEANA, CHARLA	
STREET ADDRESS	1120 GLENGAO RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLA, PAUL	
STREET ADDRESS	189 GULL CIRCLE N.	
CITY-ST-ZIP	DAYTONA Bch. FL- 32119	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLA, MICHAEL	
STREET ADDRESS	189 GULL CIRCLE N.	
CITY-ST-ZIP	DAYTONA Bch. FL- 32119	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLA, ANNALEANA	
STREET ADDRESS	1120 GLENGAO RUN	
CITY-ST-ZIP	ORMOND BEACH FL- 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: PAUL M. CHARLA PRESIDENT 2-5-03 386-798-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)