

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049188

1. Entity Name

NATIONAL PBE, INC.

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90078 040 ***150.00

Principal Place of Business

Mailing Address

6529 SOUTHERN BLVD
WEST PALM BEACH FL 33413
US

P O BOX 24631
W PALM BEACH FL 33416-4631
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

59-3333822

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

PECKHAM, GEOFFREY
6529 SOUTHERN BLVD
WEST PALM BEACH FL 33413

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 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 VPD
NAME SMITHWICK, ROBERT JR
STREET ADDRESS 777 W CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME TAPP, ZACHARY
STREET ADDRESS 825 SOUTH BLVD
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME MONDAY, KATHLEEN A
STREET ADDRESS 15705 CHADWICK COURT
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME HOLLYFIELD, SYNDE W
STREET ADDRESS 3117 CAMELLIAWOOD CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HANSEN, CHARLES F JR
STREET ADDRESS 6529 SOUTHERN BLVD
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P D
NAME Peckham, Geoffrey
STREET ADDRESS 6529 Southern Blvd.
CITY-ST-ZIP West Palm Beach, FL 33413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1034 (9/99)