FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 02, 2001 8:00 am Secretary of State DOCUMENT # **P96000046483** 1. Entity Name PBP INVESTMENTS, INC. 02-02-2001 90286 039 \*\*\*150.00 Principal Place of Business Mailing Address 205 VILLAGE BCH RD W 205 VILLAGE BCH RD W SANTA ROSA BEACH FL 32459 C/O JOHN M PATTON SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3387228 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 205 VILLAGE BEACH RD WEST SANTA ROSA BEACH FL 32459 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. . After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition NAME PYBUS, MICKEY NAME STREET ADDRESS 221 A MOONEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. WALTON FL 32547 TITLE VD ☐ Delete TITLE Change ☐ Addition BARNETTE, JIM NAME NAME STREET ADDRESS 9225 LAKEFOREST DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN FL 32466 STD TITLE Delete TITLE ☐ Addition PATTON, JOHN NAME NAME STREET ADDRESS 205 VILLAGE BEACH ROAD WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANNTA ROSA BEAACH FL 32459 TITLE Delete TITLE Change Addition HARDY, BERT NAME NAME STREET ADDRESS 644 BAILEY DR STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PRICE, DEWEY NAME HOLIDAY TRAVEL PARK 1005 W. EMERALD LOAST PARK. WAY DESTIN, EL 37459 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date