

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071934

1. Entity Name

P & B SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90175 030 ***150.00

Principal Place of Business

Mailing Address

1641 LAND O LAKES BLVD.
STE 4
LUTZ FL 33549
US

1641 LAND O LAKES BLVD
STE 4
LUTZ FL 33549-2932
US

2. Principal Place of Business

3. Mailing Address

1641 LAND O LAKES BLVD

1641 LAND O LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

4

City & State

City & State

LUTZ, FL.

LUTZ, FL.

Zip

Country

33549

U.S.A.

Zip

Country

33549

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3408178

☒ 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

STEPHENS, GARY
18802 3RD ST S.E.
LUTZ FL 33549

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 GARY STEPHENS

Gary Stephens

4-28-00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, GARY	
STREET ADDRESS	18802 3RD ST SE	
CITY-ST-ZIP	LUTZ FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEPHEN, S GAYLE	
STREET ADDRESS	18802 3RD ST SE	
CITY-ST-ZIP	LUTZ FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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:

Gary Stephens

GARY STEPHENS

4-28-00 813-949-3984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)