

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029083

1. Entity Name  
P.B. COMPLETE LUXURY PROPERTY SERVICES, INC.



Principal Place of Business  
11420 FORTUNE CIR.  
SUITE I-23  
WELLINGTON FL 33414

Mailing Address  
11420 FORTUNE CIR.  
SUITE I-23  
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11360 Fortune Cir. Ste. E-1 11360 Fortune Cir. Ste. E-1

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOWN, WILLIAM W  
11420 FORTUNE CIRCLE SUITE I-23  
WEST PALM BEACH FL 33414

Name

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

11360 Fortune Cir. Suite E-1

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MCCOWN, WILLIAM W  
STREET ADDRESS 11420 FORTUNE CIRCLE, STE I-23  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition  
NAME 11360 Fortune Cir., Ste. E-1  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCCOWN, PATRICIA S  
STREET ADDRESS 11420 FORTUNE CIR., STE I-23  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition  
NAME 11360 Fortune Cir., Ste. E-1  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
Apr 03, 2003 8:00 am  
Secretary of State

04-03-2003 90168 002 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0755812 Applied For Not Applicable

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

CR2E034 (10/02)