

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057257

1. Entity Name

PPBI, Inc

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90312 001 *1,111.25

Principal Place of Business Mailing Address
300 Palm Beach Lakes Blvd. 931 Village Blvd.
Suite 210 PMB 905-505
West Palm Beach, FL West Palm Beach, FL
33409 33409

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 931 Village Blvd.
210
City & State City & State
West Palm Beach, FL
Zip Country Zip Country
33409 USA

4. FEI Number 65-0763702
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Senger, Jeffrey
2300 Palm Beach Lakes Blvd.
Suite 210
West Palm Beach, FL 33409

7. Name and Address of New Registered Agent

Name David Bovi P.A.
Street Address (P.O. Box Number is Not Acceptable)
319 Clematis St Suite 812
City West Palm Beach FL Zip Code 33401

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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | Senger, Jeffrey | |
| STREET ADDRESS | 2300 Palm Beach Lakes Blvd. #5210 | |
| CITY-ST-ZIP | West Palm Beach, FL 33409 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

Daytime Phone #

561-616-3342

CR2E034 (9/99)