

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000057334

Entity Name: PSB BANCGROUP, INC.

FILED
Apr 29, 2003
Secretary of State

Current Principal Place of Business:

500 S FIRST ST
STE ONE
LAKE CITY, FL 32025 US

New Principal Place of Business:

350 SW MAIN BOULEVARD
LAKE CITY, FL 32025 US

Current Mailing Address:

POB 2199
LAKE CITY, FL 320562199 US

New Mailing Address:

POST OFFICE BOX 2199
LAKE CITY, FL 32056 US

FEI Number: 59-3454146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHTERY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C-D () Delete
Name: MILTON, ALTON C SR.
Address: 2732 S FIRST ST
City-St-Zip: LAKE CITY, FL 32025

Title: PCEO () Delete
Name: WOODARD, ROBERT W
Address: 2451 CASTLE HEIGHTS DR.
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: BURNS, JOHN W III
Address: RT 3 BOX 319
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: EADIE, ROBERT M
Address: RT. 13 BOX 559
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: RIHERO, THOMAS M II
Address: 333 NW 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: MOORE, ANDREW T
Address: RT 18, BOX 600
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RIHERD, THOMAS M II
Address: 333 NW 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. WOODARD

CEO

04/29/2003

Electronic Signature of Signing Officer or Director

Date

SHILPA MHATRE D
456 SE BAYA AVE
LAKE CITY, FL 32025