

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092722

1. Entity Name
P.B.A. GROUP, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90103 019 ***150.00

Principal Place of Business

3466 S.E. CASSEL LANE
STUART FL 34997

Mailing Address

3466 S.E. CASSEL LANE
STUART FL 34997

2. Principal Place of Business

3466 S.E. CASSELL
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FLA

City & State

4. FEI Number 59-3473941

Applied For
Not Applicable

Zip

34997

Country

USA

Zip

Country

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

BYRD, WADE R
255 EL PUEBLO WAY
PALM BEACH FL 33480

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

Richard A. Raffo

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS RAFFO, RICHARD A JR.
CITY-ST-ZIP 3466 S.E. CASSELL LANE
STUART FL 34997

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Richard A. Raffo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 561-781-1863

CR2E034 (10/00)