

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095808

1. Entity Name

PB HOLDINGS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 042 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 22184
FT. LAUDERDALE FL 33335

P.O. BOX 22184
FT. LAUDERDALE FL 33335-2184

2. Principal Place of Business

→ NOT CHANGED →

3. Mailing Address

→ NOT CHANGED →

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0800090

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

SWAFFORD, PAUL
2149 NE 58TH ST
FORT LAUDERDALE FL 33308

Name

SAME NOT CHANGED

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SWAFFORD, PAUL
2149 NE 58TH ST
FORT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 supplementary 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:

Paul Swafford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00 954-958-9646

CR2E034 (9/99)