

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029940

1. Entity Name

PABLO DEVELOPMENT GROUP, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90106 022 \*\*\*150.00

Principal Place of Business

Mailing Address

4337 PABLO OAKS CT.,STE.102  
JACKSONVILLE FL 32224

4337 PABLO OAKS CT.,STE.102  
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

4309 Pablo Oaks Court

4309 Pablo Oaks Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32224

32224

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEASLER, FRANK R JR.  
4337 PABLO OAKS CT.,STE.102  
JACKSONVILLE FL 32224

Name

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

4309 Pablo Oaks Court

Suite 200

City

Jacksonville,

FL

Zip Code  
32224

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KEASLER, FRANK R JR.  
CITY-ST-ZIP 4337 PABLO OAKS CT.,STE.102  
JACKSONVILLE FL 32224

TITLE ☒ Change ☐ Addition  
NAME Keasler, Frank R. Jr.  
STREET ADDRESS 4309 Pablo Oaks Court, Suite 200  
CITY-ST-ZIP Jacksonville, FL. 32224

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ARMSTRONG, COLIN W  
CITY-ST-ZIP 116 LAUREL COURT  
PONTE VEDRA FL 32082

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

904-992-6949

Daytime Phone #

C:\P2\F234 (9/00)