2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # **P98000034173** May 03, 2000 8:00 am 1. Entity Name Secretary of State PBCL, INC. 05-03-2000 90107 048 ***150.00 Principal Place of Business Mailing Address 3345 BLUEBIRD DRIVE 3345 BLUEBIRD DRIVE HOLIDAY FL 34690 HOLIDAY FL 34690-2002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3508693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCEWAN, CHRISTINE L Street Address (P.O. Box Number is Not Acceptable) 3345 BLUEBIRD DRIVE HOLIDAY FL 34690 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. ☐ Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS $\overline{D, \sqrt{P, \tau}}$ ☐ Delete TITE ☐ Change ☐ Addition TITLE MCEWAN, PETER B NAME NAME 3345 BLUEBIRD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLIDAY FL 34690 CITY-ST-ZIP D, P, S ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCEWAN, CHRISTINE L NAME NAME 3345 BLUEBIRD DRIVE STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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