

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90515 015 ***150.00

05898985 AV

DOCUMENT # P98000034173

1. Entity Name
PBCL, INC.



Principal Place of Business
3345 BLUEBIRD DRIVE
HOLIDAY FL 34690

Moved

Mailing Address
3345 BLUEBIRD DRIVE
HOLIDAY FL 34690



2. Principal Place of Business

7431 Royal Oak Dr

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34607

Country

USA

3. Mailing Address

7431 Royal Oak Dr

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34607

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3508693

Applic For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCEWAN, CHRISTINE L
3345 BLUEBIRD DRIVE
HOLIDAY FL 34690

*Same -
Address
change
only ->*

7. Name and Address of New Registered Agent

Name *McEwan, Christine L*

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

7431 Royal Oak Dr

City

Spring Hill

FL

Zip Code

34607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christine L. McEwan, Christine L. McEwan*

4/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MCEWAN, PETER B
CITY-ST-ZIP 3345 BLUEBIRD DRIVE 7431 Royal Oak Dr
HOLIDAY FL 34690 Spring Hill, FL 34607

TITLE ☐ Delete
NAME D
STREET ADDRESS MCEWAN, CHRISTINE L
CITY-ST-ZIP 3345 BLUEBIRD DRIVE 7431 Royal Oak Dr
HOLIDAY FL 34690 Spring Hill, FL 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine L. McEwan* *4/20/03* *352-596-3199*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)