

2000 UNIFORM BUSINESS REPORT (UBR)

0375924

DOCUMENT # P98000043598

1. Entity Name

PBLDY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 2 AM 6:59

Principal Place of Business

Mailing Address

235 SUNRISE AVE SUITE C-24
PALM BEACH FL 33480

235 SUNRISE AVE SUITE C-24
PALM BEACH FL 33480-3812

2. Principal Place of Business

3. Mailing Address

1860 UPPER COVE TERR
Suite, Apt. #, etc.

141 N. BEACON POINT LANE S.
Suite, Apt. #, etc.



REINSTATEMENT

00

City & State

SARASOTA, FL

City & State

LILLIWAMP, WA

4. FEI Number

65-0835178

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

98555

Country

USA

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

GRIECO, REBECCA K
235 SUNRISE AVE SUITE C-24
PALM BEACH FL 33480

Name

REBECCA K. GRIECO

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

1860 UPPER COVE TERR.

City

SARASOTA

FL

Zip Code

34231

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/28/00

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
D
GRIECO, REBECCA K
235 SUNRISE AVE SUITE C-24
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003427702--8
-10/17/00--01068--014
****550.00 ****550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003427702--8
-10/17/00--01068--015
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

Date

(941) 928-0420

Daytime Phone #

CR2E034 (9/99)