2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060576 1. Entity Name PGB OF MARCO, INC.					Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90022 045 ***550.00					
Principal Place of Business Mailing Address 866 HYACINTH CT MARCO ISLAND FL 34145 MARCO ISLAND FL 34145						a nadhada kin idhak belik baiki oblik		1:1: 6: 1:1:1:1	1818 8 111 1881	
Principal Place of Business 3. Mailing Address										
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4. 1	FEI Number 65-0850793		-	plied For t Applicable	
Zip	Country	Zip	Country		5. (Certificate of Status Desired	1 1	.75 Add Required		
	6. Name and Address of Current	Registered Agent				Name and Address of New Re	gistered Age	nt		
MARTINEZ, JEANETTE PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES FL 34108				866	Idress (P.O. Box Number is Not Acceptable)					
Tax filing	Signature, typed or printed name of registered agent a oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	PLT - C. Dind title if applicable. (NOT FILE NOW After September 12 Make Check Payal	E: Registered	Agent signature requir S \$550.00 se will be \$750	0.00	einstating) 10. Election Campaign Fina Trust Fund Contribution	~ —	\$5.0	O May Be to Fees	
11.	OFFICERS AND		12.		AD	<u>I</u> DDITIONS/CHANGES TO OFFIC	CERS AND DIE	RECTORS	:IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAKER, PETER G 822 HIACINTH COURT MARCO ISLAND FL 34145	☐ Delete	TITLE NAME	ADDRESS T-ZIP		DITIONS/OF PANGLES TO OF THE		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP:	The property of the composition	☐ Delete		ADDRESS		and the same of th		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS : T-ZIP				Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signatu : as require	re shall have the	same I	legal effect as if made under oa	ath: that I am a	n officer	or director	