2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P98000102144** Apr 27, 2000 8:00 am Secretary of State PBR INVESTMENTS, INC. 04-27-2000 90113 045 ***150.00 Principal Place of Business Mailing Address 419 26TH STREET 419 26TH STREET WEST PALM BEACH FL 33407-5413 WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #_etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & Stat 65-0883000 1234 Not Applicable 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 PULLENS, WALLY 419 26TH STREET WEST PALM BEACH FL 33407 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Change ■ Addition TITLE TITLE NAME NAME PULLENS, WALLY STREET ADDRESS STREET ADDRESS 419 26TH STREET CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.