

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90041 025 ***150.00

DOCUMENT # P99000013393

1. Entity Name
PBCB, INC.

Principal Place of Business **Mailing Address**
777 South Flagler Drive 777 South Flagler Drive
Suite 900, East Tower Suite 900, East Tower
West Palm Beach, FL 33401 West Palm Beach, FL 33401

2. Principal Place of Business **3. Mailing Address**
3717 Boynton Beach Blvd P. O. Box 243809

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1

City & State **City & State**
Boynton Beach, FL Boynton Beach, FL

Zip **Country** **Zip** **Country**
33436 US 33424 - 3809 US

4. FEI Number **Applied For**
65-0902226 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Kamradt, Russell T.
777 South Flagler Drive
Suite 900, East Tower
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name Calvin L. Cearley
Street Address (P.O. Box Number is Not Acceptable)
15542 Cypress Park Drive
City Wellington **FL** **Zip Code** 33414

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 Calvin L. Cearley, President 2/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME PD
STREET ADDRESS Cearley, Calvin L.
CITY-ST-ZIP 15542 Cypress Park Dr.
Wellington, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME VD
STREET ADDRESS Martin, William
CITY-ST-ZIP 4398 Caryota Dr.
Boynton Beach, FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Rapaport, Peter A
CITY-ST-ZIP 1557 N Ocean Blvd.
Palm Beach, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Calvin L. Cearley 2/12/01 561-742-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)