2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P99000044107 1. Entity Name PBOA, INC. 04-18-2001 90025 039 ***150.00 Mailing Address Principal Place of Business 1800 2ND ST., STE. 909 1800 2ND ST., STE. 909 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0923856 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name WOLFE, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST., STE. 2100 **TAMPA FL 33602** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) at HARTHONS CHANGES TO DEFICE SAND DEFETOTS HIS ** 12. **See 11. OFFICERS AND DIRECTORS XX Change Addition ☐ Delete TITLE TITLE Harris, G. WAyne HARRIS. G. WAYNE NAME NAME 1800 2nd St., Ste. 909 STREET ADDRESS STREET ADDRESS 1800 2ND ST., STE. 909 Sarasota, FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 D/V/g ~ XX Change ☐ Addition TITLE ☐ Delete HARKAVY, JONATHAN NAME Harkavy Jon 1501 Wilson Blvd., Ste. 1110 NAMÊ STREET ADDRESS 1501 WILSON BLVD., STE. 1110 STREET ADDRESS Arlington, VA 22209 CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA 22209** XX Change Delete T TITLE TITLE ROGERS, MICHAEL T Rogers, Michael T. NAME NAME STREET ADDRESS 1800 2nd St., Ste. 909 STREET ADDRESS 45 STATE ST., UNIT 395 CITY-ST-ZIP CITY-ST-ZIP **MONTEPELIER VT 05601** <u>Sarasota, FL 34236</u> ☐ Addition XX Change TITLE TITLE ☐ Delete INMAN, JACK C NAME Inman, Jack C. NAME STREET ADDRESS STREET ADDRESS 1800 2ND ST., STE. 909 520 Virginia Dr. CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Winter Park, FL 32789 ☐ Change X X Addition ☐ Delete AS TITI F NAME NAME Busby, June STREET ADDRESS STREET ADDRESS 1800 2nd St., Ste. 909 CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota, FL 34236</u> Change XX Addition ☐ Delete TITLE TITLE V/AS NAME NAME

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 add associated by the 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 add associated by the 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 add associated by the 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 add associated by the 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 and the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes in the empower for the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes in the execute the ex

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Jon Harkavv

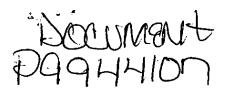
1/11/01

3336 Airport Rd., Ste. 201

Roy, Pamela

Barre, VT 05641

(703)812-8425



2001 Uniform Business Report State of Florida

<u>PBOA, Inc.</u>

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12. Additional Officers/Directors

Title:

· -V-

Name:

Halstead-Johnson, Charles

Street Address:

3336 Airport Rd., Ste. 201

City-State-Zip:

Barre, VT 05641

Title:

V

Name:

George, Daniel

Street Address:

3336 Airport Rd., Ste. 201

City-State-Zip:

Barre, VT 05641

Title:

V

Name:

Lanza, Kelly

Street Address:

1800 2nd St., Ste. 909

City-State-Zip:

Sarasota, FL 34236

Title:

V

Name:

Dubreuil, John

Street Address:

1800 2nd St., Ste. 909

City-State-Zip:

Sarasota, FL 34236

Title:

V

Name:

Dial, Ferrell

Street Address:

1800 2nd St., Ste. 909

City-State-Zip:

Sarasota, FL 34236

lwp/fl-pboa-annualreport