

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90326 013 \*\*\*150.00

**DOCUMENT # P99000044107**

1. Entity Name  
**PBOA, INC.**



Principal Place of Business  
**1800 2ND ST., STE. 909  
SARASOTA FL 34236**

Mailing Address  
**1800 2ND ST., STE. 909  
SARASOTA FL 34236**

**70014488**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0923856**

Applied For

Not Applicable

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

**WOLFE, RANDOLPH J ESQ.  
FOLEY & LARDNER  
100 N. TAMPA STREET, SUITE 2700  
TAMPA FL 33602**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEES \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DC**  
STREET ADDRESS **HARRIS, G. WAYNE**  
CITY-ST-ZIP **1800 2ND ST., STE. 909  
SARASOTA FL 34236**

TITLE ☐ Change ☒ Addition  
NAME **CFO**  
STREET ADDRESS **Daniel E. George**  
CITY-ST-ZIP **3336 Airport Road, Suite 201  
Barre, VT 05641**

TITLE ☐ Delete  
NAME **DVS**  
STREET ADDRESS **HARKAVY, JONATHAN**  
CITY-ST-ZIP **1501 WILSON BLVD., STE. 1110  
ARLINGTON VA 22209**

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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **ROGERS, MICHAEL T**  
CITY-ST-ZIP **1800 2ND ST., STE. 909  
SARASOTA FL 34236**

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

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **INMAN, JACK C**  
CITY-ST-ZIP **1800 2ND ST., STE. 909  
SARASOTA FL 34236**

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

TITLE ☐ Delete  
NAME **AS**  
STREET ADDRESS **BUSBY, JANE June**  
CITY-ST-ZIP **1800 2ND ST., STE. 909  
SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition  
NAME **-**  
STREET ADDRESS **June Busby**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VAS**  
STREET ADDRESS **ROY, PAMELA**  
CITY-ST-ZIP **3336 AIRPORT RD., STE. 201  
BARRE VT 05641**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/03 941-955-0793**  
Date Daytime Phone #

CR2E034 (10/02)