

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V34747**

1. Entity Name  
**P.F. BANKING FACILITIES, INC.**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90011 017 \*\*\*158.75

Principal Place of Business  
**1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405**

Mailing Address  
**1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3119666**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HENRY, ROBERT  
1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405**

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.

SIGNATURE

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	CHAPMAN, JOSPEH F. III	
STREET ADDRESS	1002 W. 23RD ST., STE 400	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POWELL, RAYMOND E.	
STREET ADDRESS	2305 HWY 77	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HENRY, ROBERT F. III	
STREET ADDRESS	1002 W. 23RD ST., SUITE 400	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAPMAN, JOSEPH F. IV	
STREET ADDRESS	1002 W. 23RD ST., STE 400	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODZIN, STEPHEN A	
STREET ADDRESS	1156 15TH NE / STE - 329	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PIPPIN, LAURETTA J	
STREET ADDRESS	1002 W 23RD ST / STE - 400	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)