2001	UNI	FORM BUS	INESS	REPOI	RT	(UBF	3)		FI	LED				
DOCUMENT # V57253 1. Entity Name PROFESSIONAL BUSINESS BROKERS, INC.								Apr 24, 2001 08:00 AM Secretary of State						
Principal Place of Business 3270 SUNTREE BLVD SUITE 201 MELBOURNE FL 32940			•	MELBOURNE										
2. Principal P		ess	3. Mailing Ac										-	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						_	
City & State MELBOURNE FL			City & Stat	City & State MELBOURNE			4. FEI Number 59-3148448					Applied For Not Applicab	le	
Zip 32940		Country	Zip 32940		Coun	try	5	. Certificate	of Status De	esired		\$8.75 A		
	6. Name	and Address of Curren		ent			7.	. Name and	Address of	f New Re	gistered	Fee Requi	rea	
STIVERS, JOHN 3270 SUNTREE BLVD														
MELBOURI 32940	NE	FL				TTE 101 Ty FL Zip Code					ode	_		
8. The above	named entit	y submits_this statement f	or the purpose of	changing its re	eaistere	MELBO		agent or bol	in the Sta	te of Flori		32940		_
SIGNATURE	Signature, typed	or printed name of registered agen	e and title if applicable.	(NOTE:	Registere FEE	d Agent signatu	ire required when	n reinstating)	ection Camp	-	04/24 DATE	1/2001		
(See criter	equirement a ria on back)	and elects to do so.	Make C	r MAY 1, 200 heck Payable	to D		of State	- Tru	ist Fund Cor	ntribution.	<u> </u>	⊥ Ådd	.00 May Be ed to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIVERS 3270 SUN MELBOU	OFFICERS AND JOHN S. IREE BLVD., STE.201 RNE		Delete			D STIVERS	TREE BLVI	N S.	TO OFFIC	ERS AN	D DIRECTO Change 32940		34 (11)
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of the cor	poration or th	e information supplied wit it or supplemental report ne receiver or trustee emp achment with an address,	is ince and accura	ite and that my te this report as	cenna	ilire shall na	ava ina com	ia langi attac	t se it mada		stha that I	am an affic	ne or director.	i
SIGNAT	URE: _	John S. Stivers SIGNATURE AND TYPED OR	PRINTED NAME OF SIG	SNING OFFICER OF	RDIRECT	OR		Pres	04/24/20 Date	001	. :	Daytime Phone		-