

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V L 2933**  
 1. Entity Name  
**P. D. B. & L., Inc.**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
 04-12-2000 90032 029 \*\*\*158.75

Principal Place of Business Mailing Address (SAME AS PLACE OF BUSINESS)  
**7729 34TH COURT EAST**  
**SARASOTA, FLORIDA**  
**34243**

00058622

2. Principal Place of Business 3. Mailing Address  
**7729 34TH CT. EAST 7729 34TH CT. EAST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**SARASOTA FLORIDA SARASOTA FLORIDA** **65-0355860** Not Applicable  
 Zip Country Zip Country  
**34243 MANATEE 34243 MANATEE**

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

6. Name and Address of Current Registered Agent

**PHILIP BLACKMIRE JR.**  
**7729 34TH COURT EAST**  
**SARASOTA, FLORIDA**  
**34243**

7. Name and Address of New Registered Agent

Name **N/A**  
 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 **PHILIP BLACKMIRE JR.** **4/5/00**  
 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, 2000 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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>PHILIP BLACKMIRE JR.</b>	
STREET ADDRESS	<b>7729 34TH COURT EAST</b>	
CITY-ST-ZIP	<b>SARASOTA, FLORIDA, 34243</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>PHILIP BLACKMIRE JR.</b>	
STREET ADDRESS	<b>7729 34TH COURT EAST</b>	
CITY-ST-ZIP	<b>SARASOTA, FLORIDA, 34243</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>PHILIP BLACKMIRE JR.</b>	
STREET ADDRESS	<b>7729 34TH COURT EAST</b>	
CITY-ST-ZIP	<b>SARASOTA, FLORIDA, 34243</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>PHILIP BLACKMIRE JR.</b>	
STREET ADDRESS	<b>7729 34TH COURT EAST</b>	
CITY-ST-ZIP	<b>SARASOTA, FLORIDA, 34243</b>	
TITLE	<b>N/A</b>	<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS	<b>N/A</b>	
CITY-ST-ZIP	<b>N/A</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>
STREET ADDRESS	<b>N/A</b>
CITY-ST-ZIP	<b>N/A</b>

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: **PHILIP BLACKMIRE JR.** **4/5/00** **941-355-9712**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)