

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90223 035 ***158.75

DOCUMENT # **V62933**

1. Entity Name
PDB&L, INC.



Principal Place of Business
**4174 BANBURY CIR
PARRISH FL 34219-7514
US**

Mailing Address
**4174 BANBURY CIR
PARRISH FL 34219-7514
US**



2. Principal Place of Business

3. Mailing Address

3545-1

3545-1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. JOHNS BLUFF ROAD

ST. JOHNS BLUFF ROAD

City & State **#121**

City & State **#121**

JACKSONVILLE, FLORIDA

JACKSONVILLE, FLORIDA

Zip **32224**

Country **USA**

Zip **32224**

Country **USA**

4. FEI Number **65-0355060**

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

**BLACKMIRE, PHILIP
4174 BANBURY CIRCLE
PARRISH FL 34219**

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 **PHILIP J BLACKMIRE JR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/2003

FILE NOW!!! FEE IS \$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 **PVTS** ☐ Delete
NAME **BLACKMIRE, PHILIP J JR**
STREET ADDRESS **4174 BANBURY CIR**
CITY-ST-ZIP **PARRISH FL 34219-7514**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 PHILIP J BLACKMIRE JR

Date

3/21/2003

Daytime Phone #

941-518-1320

CR2E034 (10/02)