

2000 UNIFORM BUSINESS REPORT (UBR)

1/3:

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-31-2000 90004 003 ***150.00

DOCUMENT # S80520

1. Entity Name
PABCO BUILDERS, INC.

Principal Place of Business Mailing Address
2157 LEMON STREET **2157 LEMON STREET**
DELAND FL 32720 **DELAND FL 32720-4559**

2. Principal Place of Business 3. Mailing Address
2195 Mercers Fernery Rd. **2195 Mercers Fernery Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Deland, FL **Deland, FL**

Zip Country Zip Country
32720 **Volusia** **32720** **Volusia**



4. FEI Number **59-3089663** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
TAYLOR, RICHARD W.
112 N. FLORIDA AVENUE
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name **Phillip Bartholomew**
 Street Address (P.O. Box Number is Not Acceptable)
2195 Mercers Fernery Road
 City **Deland** **FL** Zip Code **32720**

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 *Phillip Bartholomew* DATE **2-25-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLOMEW, PHIL 2157 LEMON STREET DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bartholomew, Phillip 2195 Mercers Fernery Road Deland, FL 32720 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Phillip Bartholomew* DATE **1-18-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #