2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639344

MORRISON, ANDREW S

SIGNATURE

833 SEDDON COVE WAY **TAMPA FL 33602**

1. Entity Name

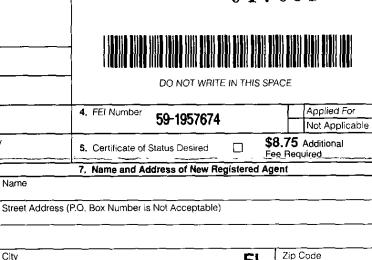
PRESERVATION SERVICES, INC.								
Principal Place of Business	Mailing Address							
EAST BROADWAY FL 33805	2609 EAST BROADWAY TAMPA FL 33605							
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & State	City & State	City & State						
Zio Country	7(n	Country						

6. Name and Address of Current Registered Agent

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90078 020 ***158.75

STIGAT



FL

DATE

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

Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2000 Make Check Payable			10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
11.	11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, ANDREW S. 833 SEDDON COVE WAY TAMPA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, EILEEN I 833 SEDDON COVE WAY TAMPA FL	☐ D∈lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	EISERMAN, WILLIAM 14043 PAM DR BROOKSVILE FL	Oillete	NAME STREET ADDRESS CITY-ST-ZIP			—— [☐] Change	Addition -
TITLE NAME STREET ADDRESS ! CITY-ST-ZIP	V Shaffer, dale 3710 37 St N St Petersburg Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE		☐ Delete	TITLE	,		☐ Change	☐ Addition

Name

(NOTE: Registered Agent signature required when reinstating)

13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trust. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information discourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-248-1975

Daytime Phone #