## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Andrew

## **FILED** Mar 27, 2001 8:00 am Secretary of State DOCUMENT # 639344 1. Entity Name PRESERVATION SERVICES, INC. 03-27-2001 90027 046 \*\*\*150.00 Mailing Address Principal Place of Business 2609 EAST BROADWAY 2609 EAST BROADWAY TAMPA FL 33605 TAMPA FL 33605 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-1957674 City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRISON, ANDREW S Street Address (P.O. Box Number is Not Acceptable) 833 SEDDON COVE WAY **TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PD ☐ Change Addition TITLE ☐ Delete TITLE MORRISON, ANDREW S. NAME NAME 833 SEDDON COVE WAY STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MORRISON, EILEEN I NAME NAME 833 SEDDON COVE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE EISERMAN, WILLIAM NAME NAME 14043 PAM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILE FL** CITY-ST-ZIP Vice President ☐ Change X Addition TITLE X Delete TITLE Stephen M. Bright 6105 2nd Street South SHAFFER-BALE---NAME NAME 3710=37=\$T=14= STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33705 CITY-ST-ZIP ST PETERSBURG FE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver changed, or on an attachment w

(813) 248-1975

Daytime Phone #

2001

March 22,