## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000111134

Entity Name: PSF MANUFACTURING, INC.

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16603 OLD US 41 FT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 16603 OLD US 41 FT MYERS, FL 33912 FEI Number: 11-3662962 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREEN, BRUCE D PIZZUTO, SAMUEL 16603 OLD US 41 1520 ROYAL PALM SQUARE BLVD STE 320 FT MYERS, FL 33919 US FORT MYERS, FL 33912 US 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: SAMUEL PIZZUTO 04/29/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition VAN HOOK, JAY VP Name: Name: 6701 MEDLAR DRIVE Address: Address: City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34653 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: MORGAN, DENNIS VP 18330 TELEGRAPH CREEK LANE Address: Address: ALVA, FL 33920 US City-St-Zip: City-St-Zip: Title: Title: () Delete PD ( ) Change (X) Addition PIZZUTO, SAMUEL PRES Name: Name: 13800 HICKORY RUN LANE Address Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33912 US Title: () Delete Title: VD ( ) Change (X) Addition JOHNSTON, THEODORE VP Name: Name: Address: Address: 1203 WALDEN DRIVE City-St-Zip: City-St-Zip: FORT MYERS, FL 33901 US Title: Title: ( ) Change (X) Addition () Delete GEIST, TRISH J S/T Name: Name: Address: Address: 5317 CHIPPENDALE CIRCLE E. City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISH J. GEIST ST 04/29/2003