

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 382425

1. Entity Name

PROFESSIONAL PLANNING SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90003 028 ***150.00

Principal Place of Business Mailing Address
7803 NORTH ORANGE BLOSSOM TRAIL 7803 NORTH ORANGE BLOSSOM TRAIL
SUITE 2 SUITE 2
ORLANDO FL 32810 ORLANDO FL 32810-2662

2. Principal Place of Business 3. Mailing Address
2151 E SEMORAN BLVD 2151 E SEMORAN BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
APOPKA FL APOPKA FL
Zip Country Zip Country
32703 US 32703 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1350375 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, BRUCE
7803 N. ORANGE BLOSSOM TRAIL
#2
ORLANDO FL 32810

7. Name and Address of New Registered Agent
Name WILSON, BRUCE
Street Address (P.O. Box Number is Not Acceptable) 2151 E SEMORAN BLVD
City APOPKA FL Zip Code 32703

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 Bruce Wilson 1/18/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, KIMBERLY J	
STREET ADDRESS	7803 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, BRUCE H	
STREET ADDRESS	7803 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KIMBERLY J	
STREET ADDRESS	2151 E SEMORAN BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRUCE H	
STREET ADDRESS	2151 E SEMORAN BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bruce Wilson 401 295 5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)