

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 390891****1. Entity Name**
PROPERTY SERVICES, INC.**Principal Place of Business****8641 BAYPINE ROAD
SUITE 1
JACKSONVILLE FL 32256****Mailing Address****8641 BAYPINE ROAD
SUITE 1
JACKSONVILLE FL 32256****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1417234

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****REGISTER, S W, JR
8641 BAYPINE RD
STE 1
JAX FL 32256****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete
NAME **PD REGISTER, SIDNEY W. JR**
STREET ADDRESS **8641 BAYPINE ROAD, SUITE 1**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Delete
NAME **V RETHERFORD, BOB III**
STREET ADDRESS **4944 MARINER POINT DR**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Delete
NAME **ST. REGISTER, SIDNEY W. JR.**
STREET ADDRESS **8641 BAYPINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.W. Register, Jr.**1/10/02**

Date

904.78.9500

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)