2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

491347 **DOCUMENT#**

1. Entity Name P.S.I. CAPITA	AL, INC.				到		
Principal Place of 2238 W FAIRBANK WINTER PARK FL US	(S AVE	Mailing Address 2238 W FAIRBANKS AVE WINTER PARK FL 32789 US					
2. Principal Place	of Business	3. Mailing Address					
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Cour	ntry			
	S. Name and Address of Cu	rrent Registered Agent		1	_		
ASHE. PAUL	R			Name			

May 05, 2003 8:00 am 3 Secretary of State **FILED**

05-05-2003 90925 001 ***750.00

Principal Place of Business 2238 W FAIRBANKS AVE WINTER PARK FL 32789 US 2. Principal Place of Business		Mailing Address 2238 W FAIRBANKS AVE WINTER PARK FL 32789 US 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State		·		4. F	El Number 59-167582	4	<u> </u>	plied For	
Zip		Country	Zip		Country		5. C	Certificate of Status Desired		8.75 Add	litional
6. Name and Address of Current Registered Agent				Ne	7. Name and Address of New Registered Agent						
ASHE, PAUL R 2238 W FAIRBANKS AVE				Name Street Address (P.O. Box Number is Not Acceptable)							
					Cit	ty			FL	Zip Code	9
the obligati	ions of registions of registres. Signature, typed				registered off			9. Election Campaign F	DATE	\$5.0	 0 May Be
Make Check		Florida Department o						Trust Fund Contributi			to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	941 N. OF	OFFICERS AND I, JAMES R. E. LANDO AVENUE ARK FL 32789	DIRECTORS	Delete	TITLE NAME STREET ADD CITY-ST-ZII	RESS S	ochr	an, Tames Ditions/CHANGES TO OF Control of the Control Control of the Contr	P.E.	DIRECTORS Clethange	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		INDA ILANDO AVENUE ARK FL 32789	1440	Delete	TITLE NAME STREET ADO CITY-ST-ZI	RESS 6	<i>a</i>	Jinda O Fairbank	o Ave	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	í			Delete	TITLE NAME STREET ADD CITY-ST-ZI	RESS	<u> </u>	A PARAME / 1	 	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET ADD CITY-ST-ZI					☐ Change	Addition
IITLE Name Street address City-St-Zip				□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADD CITY-ST-ZIF					☐ Change	Addition

12. Thereby 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: