

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000897

1. Entity Name

PROVIDER BUSINESS SERVICES, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90028 041 ***150.00

Principal Place of Business

Mailing Address

5300 NW 33RD AVE
STE 204
FT LAUDERDALE FL 33309

PO BOX 6573
HIGH POINT NC 27262-6573
US

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3601 W. Commercial Blvd

Suite, Apt. #, etc.

Suite/Apt. #, etc.

Suite 4+5

City & State

City & State

FT Lauderdale, FL

4. FEI Number

58-1972278

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, MARGARET
5300 NW 33RD AVE
STE 204
FT LAUDERDALE FL 33309

Name

Rogers, Margaret

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

3601 W. Commercial Blvd, Suite 4+5

City

FT Lauderdale

FL

Zip Code

33309

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, STEPHEN V		NAME		
STREET ADDRESS	709 WESTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT NC 27262		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, TINA H		NAME		
STREET ADDRESS	709 WESTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT NC 27262		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JAMES		NAME		
STREET ADDRESS	709 WESTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT NC 27262		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Stephen V Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)