

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90073 048 ***150.00

0574300, AT

DOCUMENT # F95000006000

1. Entity Name

PREDICTIVE BUSINESS DECISION SYSTEMS, INCORPORATED

Principal Place of Business

Mailing Address

106 APPLE STREET~
SUITE 303
TINTON FALLS NJ 07724
US

106 APPLE STREET
SUITE 303
TINTON FALLS NJ 07724
US

2. Principal Place of Business

3. Mailing Address

106 Apple St.

106 Apple St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

303

City & State

City & State

Tinton Falls, NJ

Tinton Falls, NJ

Zip

Zip

07724

07724

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANASIAK, RONALD
2715 4TH STREET SW
LEHIGH ACRES FL 33971

Name: **Ronald Banasiak**
Street Address (P.O. Box Number is Not Acceptable)
5874 Charloma Drive

City: **Lakeland** FL Zip Code: **33813**

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BANASIAK, MICHAEL J	
STREET ADDRESS	261 HARVEY AVENUE	
CITY-ST-ZIP	LINCROFT NJ 07738	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banasiak, Michael J	
STREET ADDRESS	1103 Pilcom Road	
CITY-ST-ZIP	Brill, NJ 08730	
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		
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: *[Signature]* 3/27/02
Date _____ Daytime Phone # _____

CR2E034 (9/01)