

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90263 043 \*\*\*150.00

0616209 AT

**DOCUMENT # F95000006000**

1. Entity Name  
**PREDICTIVE BUSINESS DECISION SYSTEMS, INCORPORATED**



Principal Place of Business  
**106 APPLE STREET  
SUITE 303  
TINTON FALLS NJ 07724  
US**

Mailing Address  
**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.

☐ CHECK HERE IF MAKING CHANGES

**303**

**303**

City & State  
**Tinton Falls NJ**

City & State  
**Tinton Falls, NJ**

4. FEI Number **22-3401271**

Applied For

Not Applicable

Zip

Country

Zip

Country

**07724**

**USA**

**07724**

**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

**BANASIAK, RONALD  
5874 CHARLOMA DRIVE  
LAKELAND FL 33813**

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

City **Lake land** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BANASIAK, MICHAEL J</b>	
STREET ADDRESS	<b>1103 AILEEN ROAD</b>	
CITY-ST-ZIP	<b>BRIELLE NJ 08730</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

**SIGNATURE REQUIRED**  
**Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4/8/03**

CR2E034 (10/02)