

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91487 048 ***158.75

DOCUMENT # F96000004805

1. Entity Name

PDS SOLUTIONS, INC.

Principal Place of Business

C/O JOHN SCHAEFER, ESQ.
1135 PASADENA AVE., SOUTH. STE 207
ST PETERSBURG FL 33707

Mailing Address

C/O JOHN SCHAEFER, ESQ.
1135 PASADENA AVE., SOUTH. STE 207
ST PETERSBURG FL 33707

2. Principal Place of Business

c/o JOHN SCHAEFER, ESQ.

3. Mailing Address

c/o JOHN SCHAEFER, ESQ.

Suite, Apt. #, etc.

650 Main Street

Suite, Apt. #, etc.

650 Main Street

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

34695

Country

US

Zip

34695

Country

US

4. FEI Number

23-2220673

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, JOHN
1135 PASADENA AVE., SOUTH STE 207
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

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

650 Main Street

City **Safety Harbor**

FL

Zip Code **34695**

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HALDEMAN, DAVID L RR 2 BOX 11 KINGSLEY PA 18826 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICKARD, JOAN H RR 1 BOX 1502 WAYMART PA 18472 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZUBAVICH, EDWARD J 840 FOREST ROAD LAKE ARIEL PA 18436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MORCOM, THERESE R RR 1 BOX 1504 WAYMART PA 18472 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILHELM, THOMAS K 785 KEYSTONE INDUSTRIAL PARK SCRANTON PA 18512-1589 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICKARD, WILLIAM J RR 1 BOX 1502 WAYMART PA 18472 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

EDWARD J. ZUBAVICH, President

4/8/2002

(570) 342-3000

Date

Daytime Phone #

CR2E034 (9/01)