

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000934

1. Entity Name

PS AMERICA, INC.

Principal Place of Business

P.O. BOX 175, ONE POTTER RUN ROAD
VOLANT PA 16156

Mailing Address

P.O. BOX 175, ONE POTTER RUN ROAD
VOLANT PA 16156

2. Principal Place of Business

425 Mercer St.

Suite, Apt. #, etc.

3. Mailing Address

425 Mercer St.

Suite, Apt. #, etc.

City & State

Volant, PA

City & State

Volant, PA

Zip

Country

16156

Zip

Country

16156

4. FEI Number

25-1673566

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	TRAWEK, JAMES W	
STREET ADDRESS	2255 CRESCENT DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARETT, JOHN T	
STREET ADDRESS	PO BOX 98, 425 MERCER ST	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARETT, CRAIG R	
STREET ADDRESS	PO BOX 98, 425 MERCER ST	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, WALLACE	
STREET ADDRESS	PO BOX 98, 425 MERCER ST	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NESBITT, WILLIAM L	
STREET ADDRESS	PO BOX 98, 425 MERCER ST	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE		<input type="checkbox"/> Delete
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Nesbitt

4/25/01
Date

724.533885
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)