

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004362

1. Entity Name

PREFERRED TECHNICAL SERVICES, INC.

FILED

May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90174 028 \*\*\*150.00

Principal Place of Business

1606 Carmody Court  
Suite 204 Blaymore 1  
Sewickley, PA 15143

Mailing Address

1606 Carmody Court  
Suite 204 Blaymore 1  
Sewickley, PA 15143

2. Principal Place of Business

1606 Carmody Court

Suite, Apt. #, etc.

Suite 204, Blaymore 1

City & State

Sewickley, PA

Zip

15143

Country

USA

3. Mailing Address

1606 Carmody Court

Suite, Apt. #, etc.

Suite 204, Blaymore 1

City & State

Sewickley, PA

Zip

15143

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4055729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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-15-2001 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

TITLE ☐ Delete

NAME  
BUNCE, JOHN  
STREET ADDRESS  
1606 Carmody Court  
CITY-ST-ZIP  
Suite 204 Blaymore 1  
Sewickley, PA 15143

TITLE ☐ Delete

NAME  
FRIEDRICHS, WILLIAM IV  
STREET ADDRESS  
850 CENTER WAY, SUITE 100  
CITY-ST-ZIP  
NORCROSS GA 30071

TITLE ☐ Delete

NAME  
OVERBECK, CHRISTIAN L  
STREET ADDRESS  
535 MADISON AVENUE  
CITY-ST-ZIP  
NEW YORK NY 10022

TITLE ☐ Delete

NAME  
PETROCELLI, RICHARD  
STREET ADDRESS  
535 MADISON AVENUE  
CITY-ST-ZIP  
NEW YORK NY 10022

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)