

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

6/2

06-02-2003 90083 005 *****50.00

DOCUMENT # L01000004914

1. Entity Name
PS MANAGEMENT, LLC



Principal Place of Business
**225 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

Mailing Address
**225 FENTRESS BLVD.
SUITE 200
DAYTONA BEACH FL 32114**

44004682

2. Principal Place of Business

3. Mailing Address

225 FENTRESS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH

Zip

Country

Zip

Country

32114

4. FEI Number **52-2308980**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, ROBERT L
220 SOUTH RIDGEWOOD AVE.
SUITE 200
DAYTONA BEACH FL 32114**

Name

PERRY SPERBER

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

809 WELLS DR

City

SOUTH DAYTONA

FL

Zip Code

32119

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]
Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-16-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPERBER, PERRY R
809 WELLS DR.
DAYTONA BEACH FL 32119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPERBER, CAROL H
809 WELLS DR.
DAYTONA BEACH FL 32119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-26-03

Date

386-405-7075

Daytime Phone #

CR2E083 (10/02)