

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90086 008 \*\*\*150.00  
 08-06-2002 90280 035 \*\*\*550.00

120400

**DOCUMENT # L82329**

1. Entity Name

P.S.A.M.S., INC.

Principal Place of Business

Mailing Address

~~2420 NORTH ESSEX AVE~~  
~~HERNANDO FL 34442~~

~~2420 NORTH ESSEX AVE~~  
~~HERNANDO FL 34442~~

US P.S.A.M.S., INC.

US P.S.A.M.S., INC.

2. Principal Place of Business

2305 HWY. 44 WEST

3. Mailing Address

2305 HWY. 44 WEST

Suite, Apt. #, etc.

STE. A

Suite, Apt. #, etc.

STE. A

City & State

INVERNESS FL

City & State

INVERNESS FL

Zip

34453

Country

USA

Zip

34453

Country

USA

4. FEI Number

59-3079945

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

~~RMCADEN RMC~~

~~2420 NORTH ESSEX AVENUE~~  
~~HERNANDO FL 34442~~

JOHN H. EDEN IV, P.A.

~~P.O. BOX 2755~~ 52 US Hwy 44 South  
 INVERNESS, FL ~~34451-2755~~  
 34450

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D ROBINSON, MARY  
 STREET ADDRESS 2305 HWY 44 W, STE A  
 CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete  
 NAME PST ROBINSON, MARY  
 STREET ADDRESS 2305 HWY 44 W, STE A  
 CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Mary Robinson MARY ROBINSON 4-18-02 352-637-3893

CR2F034 (01/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 18, 2002

P.S.A.M.S., INC.  
2305 HWY 44 WEST  
SUITE A  
INVERNESS, FL 34453 US

SUBJECT: P.S.A.M.S., INC.  
Ref. Number: L82329

We have received your document for P.S.A.M.S., INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 602A00044122