

3/29/01

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90394 010 \*\*\*150.00

**DOCUMENT # P06000030850**

1. Entity Name

**PRIORITY SHOPPER SERVICES, INC.**

Principal Place of Business

Mailing Address

**300 E. HILLCREST STREET  
ALTAMONTE SPRINGS FL 32701****300 E. HILLCREST STREET  
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

**300 E. HILLCREST ST****300 E. HILLCREST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**ALTAMONTE SP. FL.****ALTAMONTE SP. FL.**

Zip

Country

Zip

Country

**32701****USA****32701****USA**

4. FEI Number

Applied For

**59-3655021**

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

**KLEM, PATRICIA A**  
**300 E. HILLCREST STREET**  
**ALTAMONTE SPRINGS FL 32701**

Name

**KLEM, PATRICIA A (Same)**

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

**300 E. HILLCREST ST**

City

**ALTAMONTE SP.**

FL

Zip Code

**32701**

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 is required when reinstating)

DATE

**Patricia A. Klem** **3/26/01**

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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PRESIDENT**  
**PATRICIA A. KLEM**  
**300 E. HILLCREST ST.**  
**ALTAMONTE SPRINGS, FL 32701**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**NA**

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

**Patricia A. Klem**

**3/26/01****404-339-5656**

CR2E034 (10/00)