

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90126 047 ***150.00

DOCUMENT # P00000049149

1. Entity Name
PREFERRED PROVIDER SERVICES, INC.

Principal Place of Business

**350 E PINE STREET
 ORLANDO FL 32801**

Mailing Address

**653 EAST MARKS STREET
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

735 Terrace Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-3649130

Applied For

Not Applicable

Zip

Country

Zip

Country

32803

USA

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

**RADER, JOHN MICHAEL
 653 EAST MARKS STREET
 ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD**
 STREET ADDRESS **RADER, JOHN M**
 CITY-ST-ZIP **653 EAST MARKS STREET
 ORLANDO FL 32803**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-02

407-898-6696

Date

Daytime Phone #

CR2E034 (4/02)



Attachment
Document #
P00000049149
B0132301

Monday, July 22, 2002

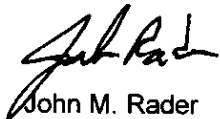
Division of Corporations, UBR Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

Please accept the \$150.00 check and form with changes. I moved last year and did not receive the form until a week ago.

I have enclosed a copy of the address it went to, which was my old address. If there are any problems, please contact me as soon as possible, my number is 407-898-6696 or my cell, 407-791-4369.

Sincerely,


John M. Rader

Preferred Provider Services Inc.

350 East Pine Street • Orlando, Florida 32801 • Phone: (407) 835-9260 • Fax: (407) 425-8433