

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 25, 2001 8:00 am
Secretary of State

05-01-2001 90092 046 ***150.00

DOCUMENT # P00000054182

1. Entity Name
PDQ PROCESS SERVICE, INC.

Principal Place of Business
**12770 LACEY DR.
 NEW PORT RICHEY FL 34654**

Mailing Address
**12770 LACEY DR.
 NEW PORT RICHEY FL 34654**

2. Principal Place of Business
12252 SUNSHINE GROVE ROAD
 Suite, Apt. #, etc.

3. Mailing Address
12252 SUNSHINE GROVE ROAD
 Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip
34614

Country
USA

City & State

BROOKSVILLE, FL

Zip
34614

Country
USA

4. FEI Number

59-3655260

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOBLITT, RODNEY
 12770 LACEY DR.
 NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name **BOBLITT, RODNEY**
 Street Address (P.O. Box Number is Not Acceptable)
12252 SUNSHINE GROVE ROAD
 City **BROOKSVILLE** Zip Code **34614**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/3/01

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, 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 **PD** ☐ Delete
 NAME **BOBLITT, RODNEY**
 STREET ADDRESS **12770 LACEY DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **VD** ☐ Delete
 NAME **WEIDE, DEBRA**
 STREET ADDRESS **12770 LACEY DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
 NAME **BOBLITT, RODNEY**
 STREET ADDRESS **12252 SUNSHINE GROVE ROAD**
 CITY-ST-ZIP **BROOKSVILLE, FL 34614**

TITLE **VD** ☒ Change ☐ Addition
 NAME **BOBLITT, DEBRA**
 STREET ADDRESS **12252 SUNSHINE GROVE ROAD**
 CITY-ST-ZIP **BROOKSVILLE, FL 34614**

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
 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] **Debra Boblitt, VD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

DATE

352-238-5128
352-476-7365

TELEPHONE NUMBER

CR2E034 (10/00)