

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90152 010 ***158.75

DOCUMENT # P00000061903

1. Entity Name
PERSONALIZED AREA SERVICES INC.



Principal Place of Business
**14151 69 DRIVE N
PALM BCH GARDENS FL 33418**

Mailing Address
**14151 69 DRIVE N
PALM BCH GARDENS FL 33418**



2. Principal Place of Business

3. Mailing Address

115 NORTH RIVER DRIVE W

115 NORTH RIVER DRIVE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
JUPITER FL

City & State
JUPITER FL

4. FEI Number **65-1028341**

Applied For
Not Applicable

Zip **33458** Country **PALM BEACH**

Zip **33458** Country **PALM BEACH**

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

**FUREY, KRISTEN
814-8TH LANE
PALM BCH GARDENS FL 33418**

Name

Al Santoro

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

115 North River Dr. West

Jupiter, FL 33458

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]

2/2/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **FUREY, KRISTEN**
STREET ADDRESS **814 8TH LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☒ Change ☐ Addition
NAME **FUREY, KRISTEN**
STREET ADDRESS **6321 LAUDERDALE ST**
CITY-ST-ZIP **JUPITER-33458 FLORIDA**

TITLE **PD** ☐ Delete
NAME **SANTORO, PAUL**
STREET ADDRESS **14151 69 DRIVE AVEN**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **PD** ☒ Change ☐ Addition
NAME **SANTORO, ALFONSE**
STREET ADDRESS **115 NORTH RIVER DRIVE WEST**
CITY-ST-ZIP **JUPITER-FLORIDA 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

2/2/03 561-746-7575

CR2E034 (10/02)