

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90224 023 \*\*\*550.00

**DOCUMENT # P00000072490**

1. Entity Name  
**PSI TRANSPORTATION, INC.**

Principal Place of Business  
**10329 BUENA VENTURA DRIVE**  
**BOCA RATON FL 33498**

Mailing Address  
**10329 BUENA VENTURA DRIVE**  
**BOCA RATON FL 33498**

**974019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6197 NW 90 Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PARKLAND, FL**

City & State

*Same*

4. FEI Number **65-1029150**

Applied For

Not Applicable

Zip **33067**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name **E.L. Ebmeier**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6197 NW 90 Ave**  
 City **PARKLAND** FL Zip **33067**

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 **E.L. Ebmeier**

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

(NOTE: Registered Agent signature required when reinstating)

**8/8/02**

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 NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <b>EBMEIER, EDWARD L</b> <b>10329 BUENA VENTURA DRIVE</b> <b>BOCA RATON FL 33498</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Address Change</b> <b>6197 NW 90 Ave</b> <b>PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STD</b> <b>EBMEIER, PENNY E</b> <b>10329 BUENA VENTURA DRIVE</b> <b>BOCA RATON FL 33498</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**STATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/02 (954) 345-7540**