

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-05-2002 90143 014 ***150.00

DOCUMENT # P00000089179

1. Entity Name

PRIORITY PERMIT SERVICE, INC.

Principal Place of Business

9120 UNICORN AVE.
 PT. RICHEY FL 34673

Mailing Address

9300 REGENCY PARK BLVD
 PORT RICHEY FL 34668-5023

2. Principal Place of Business

6177 NIELSEN COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PT. RICHEY FL 34668

4. FEI Number

59-3676060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

6177 NIELSEN COURT

City

HOMOSASSA

FL

Zip Code

34448

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

Kathleen Kluever

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 \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **KLUEVER, KATHLEEN**
 STREET ADDRESS **9120 UNICORN AVE.**
 CITY-ST-ZIP **PT. RICHEY FL 34673**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6177 NIELSEN COURT**
 CITY-ST-ZIP **HOMOSASSA, FL 34448**

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

TITLE ☐ Change ☐ Addition
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 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:

Kathleen Kluever
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

Daytime Phone #

CR2E034 (9/01)