

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90146 007 \*\*\*150.00

0141339 AT

**DOCUMENT # P00000104769**

1. Entity Name  
**PSI2, INC.**



Principal Place of Business  
**5700 S W 89TH PLACE  
OCALA FL 34476**

Mailing Address  
**5700 S W 89TH PLACE  
OCALA FL 34476**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1115375**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, PAUL  
5700 S W 89TH PLACE  
OCALA FL 34476**

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

*Paul Sullivan, President*

*July 21, 2003*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD  
SULLIVAN, PAUL  
5700 S W 89TH PLACE  
OCALA FL 34476**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSD  
SULLIVAN, CLAUDIS L  
5700 S W 89TH PLACE  
OCALA FL 34476**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

*Paul Sullivan, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-21-03 (352) 291-1539*

CR2E034 (4/03)

Attachment

TO: UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS

90147833

FROM: PSI2, INC  
FEI # 84-1115375

REF: DOCUMENT # P00000104769

As per the instructions I am notifying you that on or about July 10 we received this report notice for the first time this year of 2003. Neither myself nor the Secretary or accountant has any recollection of receiving this report prior to this one.

Regards,

Paul Sullivan, President

7-21-03