FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90111 033 ***150.00

DOCUMENT # P01000033075

1. Entity Name
A Professional Process Service, Inc.

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B00056818

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2. Principal Place of Business		3. Mailing Address	
3033 Hartley Rd		3033 Hartley Rd	
Suite, Apt. # etc. #6		Suite, Apt. # etc. #6	
City & State Jacksonville, FL 32257		City & State Jacksonville, FL 32257	
Zip 32257	Country USA	Zip 32257	Country USA

4. FEI Number 593584026 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Ann Barber
Street Address (P.O. Box Number is Not Acceptable) 3033 Hartley Rd #6
City Jacksonville FL Zip Code 32257

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 Ann Barber Ann Barber 3-21-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Gordon Barber	NAME	
STREET ADDRESS	3033 Hartley Rd #6	STREET ADDRESS	
CITY ST ZIP	Jax, FL 32257	CITY ST ZIP	
TITLE	Vice-President	TITLE	
NAME	Ann Barber	NAME	
STREET ADDRESS	3033 Hartley Rd #6	STREET ADDRESS	
CITY ST ZIP	JAX, FL 32257	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #