

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90361 030 ***150.00

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DOCUMENT # P01000033793

1. Entity Name
THE PFS GROUP, INC.



Principal Place of Business
707 MABBETTE STREET
KISSIMMEE FL 34741

Mailing Address
707 MABBETTE STREET
KISSIMMEE FL 34741

11033968



2. Principal Place of Business

3. Mailing Address

827 Cypress Pkwy.
Suite, Apt. #, etc.

827 Cypress Pkwy.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number **59-3716939**

Applied For
Not Applicable

Zip *34759* **Country** *USA*

Zip *34759* **Country** *USA*

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

GILLUM, L. DAVID

707 MABBETTE STREET

KISSIMMEE FL 34741

Name

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

City *Kissimmee*

FL

Zip Code *34759*

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **GILLUM, L. DAVID**
STREET ADDRESS **707 MABBETTE STREET**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition
NAME *827 Cypress Pkwy.*
STREET ADDRESS *Kissimmee, FL 34759*
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **HENRY, SHARON G**
STREET ADDRESS **707 MABBETTE STREET**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition
NAME *Henry, Sharon G.*
STREET ADDRESS *827 Cypress Parkway*
CITY-ST-ZIP *Kissimmee, FL 34759*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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: *Sharon G. Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 407-932-4277

Date **Daytime Phone #**

CR2E034 (10/02)