

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90041 042 \*\*\*158.75

DOCUMENT # P01000035686

1. Entity Name

Public Sector Solutions Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 220626

3. Mailing Address

P.O. Box 220626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach Florida

City & State

West Palm Beach Florida

4. FEI Number

65-1110530

Applied For

Not Applicable

Zip

33417

Country

Palm Beach

Zip

33417

Country

Palm Beach

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Andrew E. Pastor Esq.

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

11380 Prosperity Farms Road Suite 101

City Palm Beach Gardens

FL

Zip Code  
33410

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	TITLE	NAME
NAME	P	NAME	
STREET ADDRESS	Marshall D. Sokol	STREET ADDRESS	
CITY-ST-ZIP	PO Box 220626, West Palm Beach FL 33417	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	Joan B. Sokol	NAME	
STREET ADDRESS	PO Box 220626, West Palm Beach FL 33417	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Sen B. Sokol, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)