

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90477 005 \*\*\*150.00

**DOCUMENT # P01000079804**

1. Entity Name

**P.D.Q. SERVICES, INC.**

Principal Place of Business

**3951 FORSYTH RD., #B31  
 WINTER PARK FL 32792**

Mailing Address

**3951 FORSYTH RD., #B31  
 WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

**3131 DENHAM COURT 12472 LAKE UNDERHILL RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#152**

City & State

City & State

**ORLANDO, FL ORLANDO, FL**

Zip

Country

Zip

Country

**32825 USA 32828 USA**

4. FEI Number

**59-3741321**

Applied For

Not Applicable

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

**MELLE, JAMES E**

**3951 FORSYTH RD., #B31  
 WINTER PARK FL 32792**

Name

**JAMES E. MELLE**

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

**190 N. COLLIER BLVD, DG**

City

**MARCO ISLAND**

**FL**

Zip Code

**33145**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAMBERT, PAULA F 3951 FORSYTH RD., #B31 WINTER PARK FL 32792</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT PAULA F. LAMBERT 12472 LAKE UNDERHILL RD, #152 ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAULA F. LAMBERT 4/29/02 407-491-1039**

Date

Daytime Phone #

CR2E034 (9/01)