

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90377 023 ***150.00

DOCUMENT # P01000086626

1. Entity Name

PSF Holdings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 Oakridge Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Bch, FL

Zip

32118

Country

USA

City & State

Daytona Bch, FL

Zip

32115

Country

USA

4. FEI Number

59-3741332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey A. Dowd, P.A.

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

550 N. Reo St.

Suite 302

City

Tampa

FL

Zip Code

33609

**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.

SIGNATURE

Jeffrey A. Dowd - Jeffrey A. Dowd, President

4/11/02

(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 PD
NAME Jack Pacheco
STREET ADDRESS 700 Oakridge Blvd
CITY-STATE-ZIP Daytona Bch, FL 32118

TITLE VD
NAME Lonon F. Smith
STREET ADDRESS 700 Oakridge Blvd
CITY-STATE-ZIP Daytona Bch, FL 32118

TITLE STD
NAME Todd M. Felderstein
STREET ADDRESS 700 Oakridge Blvd
CITY-STATE-ZIP Daytona Bch, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employment.

SIGNATURE:

Jack Pacheco - Jack Pacheco

4/11/02

386-295-1632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #