FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90140 007 ***150.00

DOCUMENT # P02000077495

1. Entity Name
P & P SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6645 Ridge Rd.	P.O. Box 1477
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey, FL	City & State: New Port Richey, FL
Zip: 34668 Country: Pasco	Zip: 34656 Country: Pasco

DO NOT WRITE IN THIS SPACE

4. FEI Number: 05-0522003 ☐ 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: Alfred W. Torrence, Jr.

Street Address (P.O. Box Number is Not Acceptable): Thornton & Torrence, P.A.
6645 Ridge Road

City: Port Richey **FL** Zip Code: 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Prevot 6018 Bayway Ct. New Port Richey, FL 34652
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Angelo M. Pastore 11033 Hidden Treasure Ct. New Port Richey, FL 34654
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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: _____ 3/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date