

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P02000117619
 1. Entity Name
 P.P.S. Management, Inc.

DO NOT WRITE IN THIS SPACE

55050249

2. Principal Place of Business
 3527 HWY 17 N
 Suite, Apt. #, etc.

3. Mailing Address
 3527 Hwy 17 N
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Winter Haven, FL

City & State
 Winter Haven, FL

4. FEI Number
 76-0718861

Applied For
 Not Applicable

Zip
 33881

Country

Zip
 33881

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name HARDIP SINGH ROOPRAI

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

3527 HWY 17 N

City WINTER HAVEN FL Zip Code 33881

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 _____ DATE _____

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

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	0
NAME	Hardip S Rooprai
STREET ADDRESS	3527 Hwy 17 N
CITY-ST-ZIP	Winter Haven FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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11.

TITLE	
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NAME	
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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:  DATE: 05-01-2003 663-521-102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #