FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: P92000000 3283
PPS International, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
460 Bella Vista Ct, N	460 Bella Vista Ct. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State: Jupiter Florida
Zip: 33477 Country: US	Zip: 33477 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0367681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Curtis Arnold

Street Address (P.O. Box Number is Not Acceptable): 460 Bella Vista Court N

City: Jupiter FL Zip Code: 33477

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) ☐

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	Arnold, Curtis 460 Bella Vista Court N Jupiter, FL 33477
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CR2E034B (12/01)

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: Curtis Arnold 5/1/02 561-575-6866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #