

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008824

1. Entity Name

PREFERRED FINANCIAL SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90047 007 ***150.00

Principal Place of Business

Mailing Address

5600 US 98 NORTH, S-7
LAKELAND FL 33809

5600 US 98 NORTH, S-7
LAKELAND FL 33809-3100

2. Principal Place of Business

3. Mailing Address

900 Eaglebrooke Blvd.

900 Eaglebrooke Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3152086

Applied For

Not Applicable

Zip

33813

Country

USA

Zip

33813

Country

USA

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

YOUNG, ROBERT B
5600 US 98 NORTH, S-7
LAKELAND FL 33809

Name

Fred Babb

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

900 Eaglebrooke Blvd.

City

Lakeland

FL

Zip Code

33813

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 Fred Babb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/00

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, 2000 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 PTD ☒ Delete
NAME YOUNG, ROBERT B
STREET ADDRESS 526 BUTLER STREET
CITY-ST-ZIP WINDERMERE FL

TITLE PVTSD ☒ Change ☐ Addition
NAME Fred Babb
STREET ADDRESS 4722 Highlands Place Circle
CITY-ST-ZIP Lakeland, FL 33813

TITLE S ☒ Delete
NAME HARWELL, MICHELLE
STREET ADDRESS 17443 SPRING VALLEY ROAD
CITY-ST-ZIP DADE CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME BABB, FRED
STREET ADDRESS 4722 HIGHLANDS PLACE CIRCLE
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Fred Babb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

(863) 701-0501

Daytime Phone #

CR2E034 (9/99)