

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009150

1. Entity Name

PREFERRED HEALTH SERVICES, INC.

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

02-07-2000 90078 020 ***150.00

Principal Place of Business

Mailing Address

4634 LONGFELLOW AVENUE
TAMPA FL 33629

4634 LONGFELLOW AVENUE
TAMPA FL 33629-7625

2. Principal Place of Business

3. Mailing Address

8435 4th St NO

8435 4th St NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

St Petersburg FL

St Petersburg FL

Zip

Country

Zip

Country

33702

USA

33702

USA

4. FEI Number

59-3175363

Applied For

Not Applicable

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

BAUMANN, PHIL
100 N. TAMPA STREET
SUITE 1900
TAMPA FL 33602

Name

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

City

FL

Zip Code

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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WATERS, STANLEY E
4634 LONGFELLOW AVENUE
TAMPA FL 33629 ☐ Delete

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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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-02-2000 (727) 563-