

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000021181**

1. Entity Name

PREFERRED SERVICES GUARANTEED, INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90185 029 ***150.00

Principal Place of Business

**901 NW 8TH AVE
STE B3
GAINESVILLE FL 32601
US**

Mailing Address

**901 NW 8TH AVE
STE B3
GAINESVILLE FL 32601
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3175664**

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

**WRIGHT, ALTHEA
ROUTE 2 BOX 74
TRENTON FL 32693**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WRIGHT, ALTHEA	
STREET ADDRESS	RT 2 BOX 74	
CITY-ST-ZIP	TRENTON FL 32693	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASAK, CHARLOTTE	
STREET ADDRESS	3224 NW 25TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/01**352-971-2280**

CR2E034 (10/00)