

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062922

1. Entity Name

P.D.S. PUBLISHING, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90088 022 ***150.00

Principal Place of Business

Mailing Address

33 GARDEN AVE
SUITE 910
CLEARWATER FL 34615

33 GARDEN AVE
SUITE 910
CLEARWATER FL 33755-6601

2. Principal Place of Business

2635 McCormick Drive
Suite, Apt. #, etc.
SUITE 102

3. Mailing Address

2635 McCormick Drive
Suite, Apt. #, etc.
SUITE 102

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33759

Country

Zip

33759

Country

4. FEI Number

59-3210395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LETIZE, MARY L
33 GARDEN AVE
SUITE 910
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

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

2635 McCormick Drive
SUITE 102

City

CLEARWATER

FL

Zip Code

33759

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

TITLE D ☐ Delete
NAME LETIZE, MARY L
STREET ADDRESS 33 GARDEN AVE SUITE 910
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ Delete
NAME DONOVAN, JOHN M
STREET ADDRESS 33 GARDEN AVE SUITE 910
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2635 McCormick Drive Suite 102
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2635 McCormick Drive Suite 102
CITY-ST-ZIP CLEARWATER FL 33759

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)