

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006941

1. Entity Name

PPA BILLING, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90108 001 \*\*\*150.00

Principal Place of Business

1398-B SEMORAN BLVD  
#102  
CASSELBERRY FL 32707

Mailing Address

1398-B SEMORAN BLVD  
#102  
CASSELBERRY FL 32707

909800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3450 Buschwood Pk. Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 145

City & State

Tampa, FL

City & State

Zip

33618

Country

Zip

Country

4. FEI Number

59-3223546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLZEY, INGEBOG C  
1398 S.R. 436, #102  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete  
NAME ELLZEY, INGEBOG C  
STREET ADDRESS 1340 GROVE TERRACE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE V ☐ Delete  
NAME ELLZEY, KARL M  
STREET ADDRESS 4316 SUNTREE BLVD  
CITY-ST-ZIP ORLANDO FL 32817

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  
CITY-ST-ZIP

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00 407-678-7609

CR2E034 (9/99)