

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018103

1. Entity Name

PREFERRED ASSET MANAGEMENT SERVICES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90117 028 ***150.00

Principal Place of Business

Mailing Address

C/O LISA C. MARTIN
8712 DRIFTWOOD DRIVE
TAMPA FL 33615
US

C/O LISA C. MARTIN
8712 DRIFTWOOD DRIVE
TAMPA FL 33615-4414
US

2. Principal Place of Business

711 N. Park Road

3. Mailing Address

711 N. Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3229117

Applied For

Not Applicable

Zip

Country

33566

USA

Zip

Country

33566

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

MARTIN, FURMAN T III
8611 DRIFTWOOD DRIVE
TAMPA FL 33615

Name

Furman T. Martin III

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

1008 W. Mahoney Street

City

Plant City

FL

Zip Code

33566

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

Furman T. Martin III

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MARTIN, LISA C	8712 DRIFTWOOD DRIVE	TAMPA FL 33615	<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Lisa C. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

813-760-2432

Daytime Phone #

CR2E034 (9/99)