

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90242 013 \*\*\*150.00

**DOCUMENT # P94000018103**

1. Entity Name

**PREFERRED ASSET MANAGEMENT SERVICES, INC.**

Principal Place of Business

711 N PARK RD  
 PLANT CITY FL 33566  
 US

Mailing Address

711 N PARK RD  
 PLANT CITY FL 33566  
 US

2. Principal Place of Business

6505 Riverview Blvd.  
 Suite, Apt. #, etc.

3. Mailing Address

6505 Riverview Blvd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number 59-3229117

Applied For

Not Applicable

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MARTIN, FURMAN T III  
 1008 W MAHONEY ST  
 PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Lisa C. Martin

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

6505 Riverview Blvd.

City

Bradenton

FL

Zip Code

34209

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 re-statuting)

DATE

Lisa C. Martin

04/19/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, LISA C	
STREET ADDRESS	711 N PARK RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	V	<input type="checkbox"/> Delete
NAME	AKINS, ROY R	
STREET ADDRESS	10706 AYRSHIRE DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN !!

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Lisa C.	
STREET ADDRESS	6505 Riverview Blvd.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Lisa C. Martin

4/19/01

Date

Daytime Phone #

941-792-0019

CR2E034 (10/00)