2007   **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P94000069826

1. Entity Name

PS OF SW FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

40051610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
C/O 400 SPRING RIDGE DRIVE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State		City & State		4. FEI Number	Applied For
WYOMISSING, PA				65-0526037	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
19610					

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ACCOUNTING AND TAX ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
802 ANCHOR RODE DRIVE

City		Zip Code
NAPLES	FL	34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ $5.00 May Be
Trust Fund Contribution.   Added to Fees

10.	OFFICERS AND DIRECTORS	11.	
TITLE	p	TITLE	
NAME	BRUMBACH, PHILLIP	NAME	
STREET ADDRESS	400 SPRING RIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	WYOMISSING PA 19610	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _~~Phillip Brumbach~~_   PHILLIP BRUMBACH PRESIDENT   4/3/07   (239) 939-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #