

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079391

1. Entity Name

PERSONAL CONSULTING SERVICES, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 041 ***550.00

Principal Place of Business

Mailing Address

3001 W. WATERS AVE.
TAMPA FL 33614
US

3001 W. WATERS AVE.
TAMPA FL 33612-7513
US

2. Principal Place of Business

9310 N. Armenia Ave.

3. Mailing Address

9310 N. Armenia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa FL

4. FEI Number

59-3280178

Applied For

Not Applicable

Zip

Country

33612

USA

Zip

Country

33612

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

COKLEY, BARBARA
1208 ECKLES DRIVE
TAMPA FL 33612

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

4-1-00

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 P
NAME COKLEY, BARBARA
STREET ADDRESS 3001 W. WATERS AVE.
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS 9310 N. Armenia Ave
CITY-ST-ZIP Tampa FL 33612

TITLE
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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, 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 #

4-1-00