

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079391

1. Entity Name  
PERSONAL CONSULTING SERVICES, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90289 003 \*\*\*150.00

Principal Place of Business  
9310 N ARMENIA AVE  
TAMPA FL 33612  
US

Mailing Address  
9310 N ARMENIA AVE  
TAMPA FL 33612  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3280178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COKLEY, BARBARA**  
**1208 ECKLES DRIVE**  
**TAMPA FL 33612**

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 **3/2/01**  
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, 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 | NAME                     | STREET ADDRESS             | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|--------------------------|----------------------------|-----------------|---------------------------------|
|       | <b>P COKLEY, BARBARA</b> | <b>3001 W. WATERS AVE.</b> | <b>TAMPA FL</b> | <input type="checkbox"/>        |
|       |                          |                            |                 | <input type="checkbox"/>        |
|       |                          |                            |                 | <input type="checkbox"/>        |
|       |                          |                            |                 | <input type="checkbox"/>        |
|       |                          |                            |                 | <input type="checkbox"/>        |
|       |                          |                            |                 | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 **3/2/01**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)