

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90177 044 ***158.75

DOCUMENT # P95000016045

1. Entity Name

PSPS, INC.

Principal Place of Business

Mailing Address

807 WASHINGTON ST.
 KEY WEST FL 33040

807 WASHINGTON ST.
 KEY WEST FL 33040-4734

2. Principal Place of Business

73 MT DESERT ST.

Suite, Apt. #, etc.

3. Mailing Address

67 RIPPLES RD

Suite, Apt. #, etc.

City & State

BAR HARBOR ME

Zip

04609

Country

USA

City & State

MT DESERT ME

Zip

04660

Country

USA

4. FEI Number

65-0557575

Applied For

Not Applied

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STEVENS, BRYAN
807 WASHINGTON ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

MARVA GREEN

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

1438 KENNEDY DRIVE

PO BOX 1529

City

KEY WEST

FL

Zip Code

33041

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

MARVA GREEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, PAMELA L.	
STREET ADDRESS	807 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVENS, BRYAN L.	
STREET ADDRESS	807 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL	
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 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	PARKER, PAMELA L.	
STREET ADDRESS	67 RIPPLES RD	
CITY-ST-ZIP	MT DESERT ME 04660	
TITLE	S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	STEVENS, BRYAN L.	
STREET ADDRESS	67 RIPPLES RD	
CITY-ST-ZIP	MT. DESERT ME 04660	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bryan L. Stevens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
 Date

707-288-4031
 Daytime Phone #