

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000037291**1. Entity Name  
**PSA INFORMATION SERVICES, INC.****FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90030 036 \*\*\*158.75

0088840 AV

Principal Place of Business  
**3825 HENDERSON BLVD**  
**STE 603**  
**TAMPA FL 33629**  
**US**Mailing Address  
**3825 HENDERSON BLVD**  
**STE 603**  
**TAMPA FL 33629**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-3408361**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PHILLIPS, R. LEE**  
**4302 WATROUS AVE.**  
**TAMPA FL 33629**

## 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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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>EVP</b>			
	<b>PHILLIPS, R. LEE</b>			
	<b>4302 WATROUS AVE.</b>			
	<b>TAMPA FL</b>			

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # P96000037291



C6075905

*Information Services, Inc.*

August 28, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Please accept this Uniform Business report as the **second attempt** of this corporation to file this report along with our original filing fee of \$150.00.

It was this corporations assumption that you were in receipt of our first attempt to file.

The first attempt to file this report was mailed on 04-27-01 along with the filing fee of \$150.00 made payable to Department of State with check # 1680.

Please accept this second attempt and waive the \$400.00 late fee.

Your consideration in this matter is greatly appreciated.

Sincerely,

R. Lee Phillips  
Executive Vice President