## DOCUMENT # P96000044712

1. Entity Name

PRIVATE CLIENT SERVICES INC.

Princ	cinal	Place	of	Rueinace	

Mailing Address

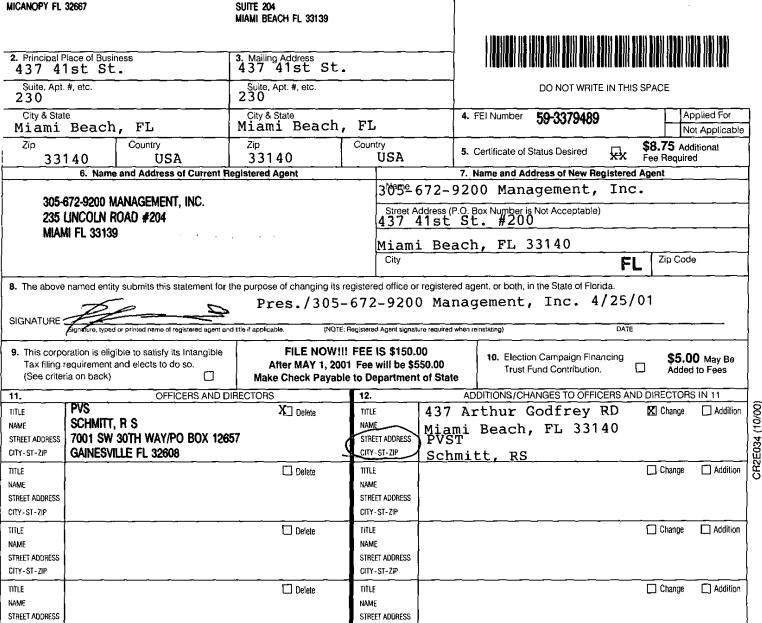
**RURAL ROUTE 1 BOX 285** 

235 LINCOLN ROAD

SUITE 204

## FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90027 046 \*\*\*158.75



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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

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SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 Pres.

305-672-9200

Oate

Daytime Phone #

Change

☐ Change

Addition

☐ Addition