

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044712

1. Entity Name

PRIVATE CLIENT SERVICES INC.

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

05-04-2001 90027 046 ***158.75

Principal Place of Business

RURAL ROUTE 1 BOX 285
MICANOPY FL 32667

Mailing Address

235 LINCOLN ROAD
SUITE 204
MIAMI BEACH FL 33139

2. Principal Place of Business

437 41st St.

3. Mailing Address

437 41st St.

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

59-3379489

Applied For

Not Applicable

5. Certificate of Status Desired

☒ xx

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

305-672-9200 MANAGEMENT, INC.
235 LINCOLN ROAD #204
MIAMI FL 33139

7. Name and Address of New Registered Agent

305-672-9200 Management, Inc.

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

437 41st St. #200

Miami Beach, FL 33140

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.

Pres./305-672-9200 Management, Inc. 4/25/01

SIGNATURE

[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 \$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 **PVS** ☒ Delete
NAME **SCHMITT, R S**
STREET ADDRESS **7001 SW 30TH WAY/PO BOX 12657**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **437 Arthur Godfrey RD** ☒ Change ☐ Addition
NAME **Miami Beach, FL 33140**
STREET ADDRESS **PVST**
CITY-ST-ZIP **Schmitt, RS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Pres. 4/25/01

305-672-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)