

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053776

1. Entity Name
PRIORITY BILLING SERVICES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 043 ***150.00

Principal Place of Business Mailing Address
1401 VILLAGE BLVD #234 1401 VILLAGE BLVD #234
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-2762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Princeton Lakes Dr. 1903**
Suite, Apt. #, etc. **#2004**

3. Mailing Address **1903 Princeton Lakes Dr.**
Suite, Apt. #, etc. **#2004**
City & State **BRANDON FL**
City & State **BRANDON FL**
Zip **33511** Country **USA** Zip **33511** Country **USA**

4. FEI Number **65-0676622** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SCHRECK, PAMELA B
1401 VILLAGE BLVD #234
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
Name **Pamela B. Schreck**
Street Address (P.O. Box Number is Not Acceptable) **1903 Princeton Lakes Dr.**
#2004
City **BRANDON** FL Zip Code **33511**

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 *Pamela B. Schreck* DATE **3-18-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	SCHRECK, PAMELA B
STREET ADDRESS	1401 VILLAGE BLVD #234
CITY-ST-ZIP	W PALM BCH 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1903 Princeton Lakes Drive, #2004
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela B. Schreck* **PAMELA B. Schreck** DATE **3-18-00** Daytime Phone # **813-714-1344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)