

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90197 044 \*\*\*150.00

DOCUMENT # P96000053776

1. Entity Name

PRIORITY BILLING SERVICES, INC.

Principal Place of Business

1903 PRINCETON LAKES DR  
#2004  
BRANDON FL 33511

Mailing Address

1903 PRINCETON LAKES DR  
#2004  
BRANDON FL 33511

2. Principal Place of Business

4581 Biddford Ave.  
Suite, Apt. #, etc.  
#44

3. Mailing Address

4581 Biddford Ave.  
Suite, Apt. #, etc.  
44

City & State

WEST Palm BEACH FL

City & State

WEST Palm BEACH FL

Zip

33417

Country

USA  
Palm BEACH

Zip

33417

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

7. Name and Address of New Registered Agent

SCHRECK, PAMELA B  
1903 PRINCETON LAKES DR  
#2004  
BRANDON FL 33511

Name

Pamela B. Schreck

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

4581 Biddford Ave. #44

City

WEST Palm BEACH

FL

Zip Code

33417

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*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SCHRECK, PAMELA B  
STREET ADDRESS 1903 PRINCETON LAKES DR #2004  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 4581 Biddford Ave. #44  
CITY-ST-ZIP WEST Palm BEACH, FL 33417

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:

*Pamela B. Schreck*

Pamela B. Schreck 4/25/01 561-712-1892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)