

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90075 019 ***150.00

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DOCUMENT # P96000053776

1. Entity Name
PRIORITY BILLING SERVICES, INC.

Principal Place of Business
4581 BIDDEFORD AVE
#44
WEST PALM BEACH FL 33417

Mailing Address
4581 BIDDEFORD AVE
#44
WEST PALM BEACH FL 33417

360782



2. Principal Place of Business
604 VISTA AVE.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 148
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INVERNESS FL
 Zip **34450** Country **USA**

City & State
INVERNESS FL
 Zip **34451** 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
4581 BIDDEFORD AVE #44
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name
PAMELA B. SCHRECK
Street Address (P.O. Box Number is Not Acceptable)
604 VISTA AVE.
City **INVERNESS** **FL** **Zip Code** **34450**

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)

4/27/02
 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, 2002 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	4581 BIDDEFORD AVE #44
CITY-ST-ZIP	WEST PALM BEACH FL 33417
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	PAMELA B. SCHRECK
STREET ADDRESS	604 VISTA AVE.
CITY-ST-ZIP	INVERNESS, FL 34450
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	
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 **(352) 726-8982**
 Date Daytime Phone #

CR2E034 (9/01)