## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 13, 2002 8:00 am Secretary of State P96000071437 DOCUMENT # 1. Entity Name 08-13-2002 90224 024 \*\*\*550.00 PORT SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 10329 BUENA VENTURA DRIVE 10329 BUENA VENTURA DR **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 6197 NW 90 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0692209 ARKLAND. Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EBMEIER, EDWARD 10329 BUENA VENTURA DRIVE ddress charge BOCA PATON FL 33498 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ADDRESS Change 6197 NW 90 AVE (4/02)TITLE ☐ Delete EBMEIER, PENNY E NAME NAME 10329 BUENA VENTURA DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition EBMEIER, EDWARD NAME STREET ADDRESS 10329 BUENA VENTURA DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-7IP TITLE ☐ Delete TITLE - T Change-Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

8/8/02 (954)345-7540

FILED