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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State
03-26-1999 90017 035 ***150.00

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DOCUMENT # **P97000019269**

1. Corporation Name
PERSONLIZED BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
7609 SANIBEL CIR SO TAMPA FL 33637	7609 SANIBEL CIR SO TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/24/1997

2. Principal Place of Business	2a. Mailing Address
21 6322 JACQUELINE ARBOR DRIVE	26 6322 JACQUELINE ARBOR DR.
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23 TEMPLE TERRACE FLORIDA	City & State 28 TEMPLE TERRACE, FLORIDA
Zip / Country 24 33617 25 USA	Zip / Country 29 33617 30 USA

4. FEI Number: 59-3430635 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAYNES, JEFFREY 7609 SANIBEL CIR SO TAMPA FL 33637	81 Name: Jeffery Haynes 82 Street Address (P.O. Box Number is Not Acceptable): 6322 Jacqueline Arbor 83 Dr. 84 City: Temple Terrace FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 3/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, JEFFREY		1.2 NAME		
STREET ADDRESS	7609 SANIBEL CIR SO		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, JEFFREY		2.2 NAME		
STREET ADDRESS	7609 SANIBEL CIR SO		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/22/99 813 988-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #