

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019384

1. Entity Name

PS OF PALM BEACH, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90103 017 ***150.00

Principal Place of Business

Mailing Address

200 WALTON HEATH DRIVE
ATLANTIS FL 33462

P.O. BOX 540823
LAKE WORTH FL 33454-0823

2. Principal Place of Business

3. Mailing Address

112 1/2 E CHANDLER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

4. FEI Number 65-0738706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

33406

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEE, SHANA
200 WALTON HEATH DRIVE
ATLANTIS FL 33462

Name

Shana Dee

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

112 1/2 E CHANDLER RD.

City

WEST PALM BEACH FL

Zip Code

33406

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEE, SHANA 200 WALTON HEATH DRIVE ATLANTIS FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASIEL, JOHN 200 WALTON HEATH DRIVE ATLANTIS FL 33462	<input checked="" type="checkbox"/> Delete DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shana Dee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 561-242-9627
Date Daytime Phone #

CR2E034 (9/99)