

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019384

1. Entity Name

PS OF PALM BEACH, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90184 018 ***150.00

Principal Place of Business

112 1/2 E CHANDLER RD
WEST PALM BEACH FL 33406

Mailing Address

P.O. BOX 540823
LAKE WORTH FL 33454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0738706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEE, SHANA

~~112 1/2 E CHANDLER RD~~
~~WEST PALM BEACH FL 33406~~

7. Name and Address of New Registered Agent

Name

DEE, SHANA

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

209 FOXTAIL DR # H1

City

WEST PALM BEACH

FL

Zip Code

33415

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, 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

TITLE P
NAME DEE, SHANA
STREET ADDRESS ~~200 WALTON HEATH DRIVE~~
CITY-ST-ZIP ~~ATLANTIS FL 33402~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DEE, SHANA
STREET ADDRESS 209 FOXTAIL DR H1
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

Shana Dee

SHANA DEE

3/12/01

561

432-6427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0512137

CR2E034 (10/00)