

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 030 ***150.00

DOCUMENT # P98000031741

1. Entity Name
PERSONAL FINANCIAL SERVICES, INC.

Principal Place of Business 5925 IMPERIAL PKWY STE 201 MULBERRY FL 33860	Mailing Address PO BOX 8008 LAKELAND FL 33802-8008
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80077971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3528260		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JONES, D. KEVIN 5925 IMPERIAL PKWY STE 201 MULBERRY FL 33860				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DAN		NAME	Sudzina, Nick	
STREET ADDRESS	6040 S FLORIDA AVE MIDFLORIDA		STREET ADDRESS	5925 Imperial Pkwy., Suite 201	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Mulberry, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUDZINA, NICK		NAME	Williams, Don	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN		STREET ADDRESS	5925 Imperial Pkwy., Suite 201	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Mulberry, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABIN, SANDY		NAME	Circe, Jeff	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN		STREET ADDRESS	5925 Imperial Pkwy., Suite 201	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, D. KEVIN		NAME	Pierce, Dan	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN		STREET ADDRESS	Rabin, Sandy	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	Jones, Kevin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	Jones, Kevin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Address	
STREET ADDRESS			STREET ADDRESS	5925 Imperial Pkwy., Suite 201	
CITY-ST-ZIP			CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ **4-19-00** **(863) 709-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 2050

CR2E034 (9/99)