

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90086 038 ***150.00

DOCUMENT # P98000051324

1. Entity Name

PERSONAL SHOPPING SERVICES, INC.

Principal Place of Business

Mailing Address

**1624 N.E. 7TH ST.
FT. LAUDERDALE FL 33304**

**1624 N.E. 7TH ST.
FT. LAUDERDALE FL 33304-2960**

2. Principal Place of Business

1624 N.E. 7th St.

Suite, Apt. #, etc.

3. Mailing Address

1624 NE 7th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

905713

City & State

Ft. Lauderdale FL 33304

City & State

Ft. Lauderdale FL

4. FEI Number

65-0844688

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33304-2960

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PILGER, GARY
5000 BAYBERRY LANE
TAMARAC FL 33319**

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

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 **PD** ☐ Delete
NAME **HILLIER, CANDACE J**
STREET ADDRESS **P.O. BOX 6-1225 PLAZA MAYOR**
CITY-ST-ZIP **RHOMOSER, COSTA RICA CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candace Hillier Jan 06 2000 522 8569
Date Daytime Phone #