

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058616

1. Entity Name

PORTFOLIO PREMIUM SERVICES, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90008 046 ***150.00

Principal Place of Business

Mailing Address

4530 CURRY FORD RD
ORLANDO FL 32819
US

P.O. BOX 570603
ORLANDO FL 32857-0603
US

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 59-3520420

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESSIRE, ANN M
5145 CURRY FORD ROAD
ORLANDO FL 32806

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 ☐ Delete
NAME D BESSIRE, ANN M
STREET ADDRESS 5661 MAGNOLIA BLOOM TERR
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☒ Addition
NAME *President*
STREET ADDRESS *Same*
CITY-ST-ZIP *Same*

TITLE ☐ Delete
NAME D SIKES, FERNANDO
STREET ADDRESS 3339 STONEWOOD COURT
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☒ Addition
NAME *V. and S*
STREET ADDRESS *Same*
CITY-ST-ZIP *Same*

TITLE ☐ Delete
NAME D SIKES, LIZZETTE
STREET ADDRESS 5700 COLLINS AVE, #9-H
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☒ Addition
NAME *T*
STREET ADDRESS *Same*
CITY-ST-ZIP *Same*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

(407) 282-5145

Daytime Phone #

CR2E034 (9/99)