

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90292 004 ***158.75

DOCUMENT # P98000058616

1. Entity Name
PORTFOLIO PREMIUM SERVICES, INC.

Principal Place of Business

4530 CURRY FORD RD.
ORLANDO FL 32819
US

Mailing Address

P.O. BOX 570603
ORLANDO FL 32857
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520420

Applied For

Not Applicable

Zip

Country

Zip

Country

32812

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

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/02

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, 2002 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 **P** ☐ Delete
 NAME **BESSIRE, ANN M**
 STREET ADDRESS **5661 MAGNOLIA BLOOM TERR**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **1955 Cotswold Dr.**
 CITY-ST-ZIP **Orlando, FL 32825**

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

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

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

TITLE **Lizette Figueras** ☒ Change ☐ Addition
 NAME **9525 SW 24th Ct**
 STREET ADDRESS **Miami, FL**
 CITY-ST-ZIP **33176**

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 another one empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02

(407) 29-8377

CR2E034 (9/01)