

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000075730**

1. Entity Name

PRIDE PROPERTY SERVICES, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 AM 10:18

Principal Place of Business

Mailing Address

17 SURREY ROAD
DEBARY FL 32713
2708 LEATHERLEAF CT
DELAND, FL 3272417 SURREY ROAD
DEBARY FL 32713
2708 LEATHERLEAF CT
DELAND, FL 32724

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 **59-3528488**

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

GOCHAL, GERRY
17 SURREY ROAD
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name **THERESA JOSSELYN**

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

2708 LEATHERLEAF COURTCity **DELAND**

FL

Zip Code **32724**

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

Theresa Josselyn

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

(NOTE: Authorized 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOCHAL, GERRY	
STREET ADDRESS	17 SURREY ROAD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FINN, THOMAS F JR	
STREET ADDRESS	219 ALTA VISTA	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GOCHAL, EDIE	
STREET ADDRESS	17 SURREY ROAD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA JOSSELYN	
STREET ADDRESS	2708 LEATHERLEAF CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Theresa Josselyn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)