

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085398

1. Entity Name

PS ENTERPRISES OF ORLANDO, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90008 014 \*\*\*150.00

Principal Place of Business

460 N ORLANDO AVE. SUITE 114  
WINTER PARK FL 32789

Mailing Address

460 N ORLANDO AVE. SUITE 114  
WINTER PARK FL 32789-2987

2. Principal Place of Business

460 N Orlando Ave

3. Mailing Address

460 N Orlando Ave

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Winter park, FL

City & State

Winter Park

4. FEI Number

59-2536066

Applied For

Not Applicable

Zip

32789

Country

Zip

FL

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLAIANNI, PAMELA A  
414 WOLDUNN CIRCLE  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS COLAIANNI, PAMELA A  
CITY-ST-ZIP 414 WOLDUNN CIRCLE  
LAKE MARY FL 32746

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS LONG, MARY S  
CITY-ST-ZIP 4538 BROOK HOLLOW CIR  
WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME VT  
STREET ADDRESS DELROCCO, MARY S  
CITY-ST-ZIP 4538 BROOK HOLLOW CIR  
WINTER SPRINGS, FL 32708

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

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

TITLE ☐ Change ☐ Addition  
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:

*Mary S DelRocco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00  
Date

(407) 622-8697  
Daytime Phone #

FORM 200 1-99