FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900000/32/

PERSONAL RESOURCE SERVICES INC



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90139 028 ***150.00

2. Principal Place of E	Business	3. Mailing Address									
7378 W. ATL	ANTIC ELUD #33	5 SAT	nes								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE					
Oity & State	<u>~</u> ~ <u>`</u>			-							
City & State		City & State			4. FEI Number	Applied For					
7in	Country	- Zio	C		45-0885340	Not Applicable					
zip <i>3306</i> 3	Country BKOWARD	Zip	Countr	· y	5. Certificate of Status Desired						
				**	7. Name and Address of Current Registered Agent						
				Name							
MATERIAL STATE OF THE STATE OF	DO NOT W	/RITE	A COMPANY OF THE STATE OF THE S	Street Addres	ss (P.O. Box Number is Not Acceptable)	······································					
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The above named of the obligations of re	entity submits this statement f	or the purpose of changi	ing its registered	d office or regis	stered agent, or both, in the State of Florida.	I am familiar with, and accept					
the obligations of re	sylstered agent.										
CIONATUDE											
SIGNATURE Signature, t	typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered A	Agent signature requ	uired when reinstating)	DATE					
January 1	- May 1 Fee is \$150.00		,								
	ay 1, Fee is \$550.00 ded UBR is \$61.25			,	9. Election Campaign Financir	40.00 Ividy De					
Make Check Pavable	e to Florida Department o	f State			Trust Fund Contribution.	☐ Added to Fees					
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

3303

954-401-8483