

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

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

03-06-2003 90139 028 ***150.00

DOCUMENT # *P99000001321*

1. Entity Name

PERSONAL RESOURCE SERVICES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7378 W. ATLANTIC BLVD #335

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE FL

City & State

Zip

33063

Country

BROWARD

Zip

Country

4. FEI Number

65-0885340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *NANCY SOLOMON*
STREET ADDRESS *7378 W. ATLANTIC BLVD #335*
CITY-ST-ZIP *MARGATE, FL 33063*

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Nancy Solomon* *NANCY SOLOMON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03
Date

954-401-8483
Daytime Phone #

CR2E034B (12/02)