

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90024 044 \*\*\*150.00

DOCUMENT # **P99000024837**

1. Entity Name  
**PSH, Inc.**

Principal Place of Business  
**2096 Tanglewood Way N.E.**  
**St. Pete, FL 33702**

Mailing Address  
**2096 Tanglewood Way N.E.**  
**St. Pete, FL 33702**

**C0098007**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2096 Tanglewood Way N.E.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2096 Tanglewood Way N.E.**  
 Suite, Apt. #, etc.

City & State  
**St. Pete, FL**

City & State  
**St. Pete, FL**

Zip  
**33702**

Country  
**USA**

Zip  
**33702**

Country  
**USA**

4. FEI Number  
**59-3567647**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Spiegel & Utrera, P.A.**  
**343 Almeria Avenue**  
**Coral Gables, FL 33134**

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 \_\_\_\_\_ (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 |                                 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|---------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>President</b>                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>Comstock, Charles C.</b>     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>2096 Tanglewood Way NE</b>   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>St. Pete, FL 33702</b>       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>Vice President</b>           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>Miller, Brett M.</b>         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>2096 Tanglewood Way N.E.</b> |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>St. Pete, FL 33702</b>       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>Secretary/Treasurer</b>      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>BOND, Bradley J.</b>         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>2096 Tanglewood Way N.E.</b> |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>St. Pete, FL 33702</b>       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |                                 | 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 lines empowered.

SIGNATURE:

**Bradley J. Bond**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/00**  
 Date

**(813) 218-4254**  
 Daytime Phone #

CR2E034 (9/99)