

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90413 037 ***150.00

DOCUMENT # **P99000029315**

1. Entity Name

PROFESSIONAL BILLING SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 LEMA DR

Suite, Apt. #, etc.

3. Mailing Address

11186 SPRING HILL DR

Suite, Apt. #, etc.

#152

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34609

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL E. WILLIAMSON

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

3001 LEMA DRIVE

City

SPRING HILL

FL

Zip Code

34609

**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.

SIGNATURE



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

MICHAEL E. WILLIAMSON - DIR 4/29/02

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D - MICHAEL E. WILLIAMSON
3001 LEMA DRIVE
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHANGE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

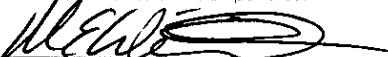
TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. WILLIAMSON - DIR 4/29/02

Date

Daytime Phone #

CR2E034B (12/01)