

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 67738
1. Entity Name
 PROCESS SOLUTIONS INC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION & TAXATION
 01 OCT -5 PM 1:21

Principal Place of Business
 1847 59TH ST SO.
 GULFPORT FL 33707
Mailing Address
 P.O. Box 5211
 GULFPORT FL 33737

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State
Zip **Country** **Zip** **Country**

4. FEI Number
 59-3591947
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 EARL J. BARKER
 1847 59TH ST SO.
 GULFPORT FL 33707

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 state if applicable. (NOTE: Registered Agent signature required when releasing)) **DATE** _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**
 EARL J. BARKER
 1847 59TH ST SO
 GULFPORT FL 33707
☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**
☐ Delete

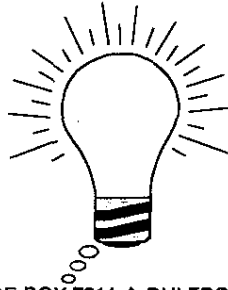
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
 9000004638349
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: *Earl J. Barker* **10-02-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Signature/Printed Name**

CR25034 (12/00)

PROCESS SOLUTIONS INC.

SPECIAL PROCESS SERVER



POST OFFICE BOX 5211 ♦ GULFPORT FL. 33737
Phone (727) 647-0083 ♦ Fax (727) 344-8631 ♦ Email crime-inc@intnet.net

September 28, 2001

To: Florida Department of State
Division of Corporations

From: Earl J. Barker

Re: Uniform Business Reports

Dear Sir or Madame,

We did not receive a copy of the Uniform Business Report for 2001 due to our postman. It seems these forms along with other mail items were delivered accidentally to an almost identical address. (1847 58th Street South Gulfport Fl. 33707). We have experienced these type mail problems in the past. Our physical address is:

Process Solutions, Inc.
1847 59th Street South
Gulfport Fl. 33707

Please take this into consideration for reinstatement purposes. We have enclosed a check in the amount of (\$150.00) One Hundred-Fifty dollars for the normal yearly fee. We apologize for any inconvenience. Any future correspondence may be sent to:

Process Solutions, Inc.
Post Office Box 5211
Gulfport Fl. 33737

Earl J Barker
President / CEO