

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **990000073373**

1. Entity Name

Florida Public Service Specialist, Inc

APPROVED
AND
FILED

00 MAR -7 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**7916 Skipper Lane
Tallahassee, FL 32311**

**P.O. Box 628
Tallahassee, FL 32302**

2. Principal Place of Business

7916 Skipper Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 628
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL 32311

City & State

Tallahassee, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32311

Country
Leon

Zip
32302

Country
Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Jon Klein
P.O. Box 628
Tallahassee, FL 32302**

Name

Jon Klein
Street Address (P.O. Box Number is Not Acceptable)
7916 Skipper Lane

City

Tallahassee

FL

Zip Code
32311

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

(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

TITLE ☐ Delete

NAME **President**
STREET ADDRESS **Ted Ravi**
CITY-ST-ZIP **6719 Emma Lane
Tallahassee, FL 32311**

TITLE ☐ Delete

NAME **Vice President**
STREET ADDRESS **Jon Klein**
CITY-ST-ZIP **7916 Skipper Lane
Tallahassee, FL 32311**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/00 (850) 980-0P48

CR2E034 (9/99)