

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078266

1. Entity Name

PBS BILLING SERVICES, INC.

Principal Place of Business

506 SW 8TH TERRACE  
CAPE CORAL FL 33991

Mailing Address

506 SW 8TH TERRACE  
CAPE CORAL FL 33991-2599

2. Principal Place of Business

506 SW 8TH TER

Suite, Apt. #, etc.

3. Mailing Address

506 SW 8TH TERRACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL FL

Zip

33991

Country

LEE

Zip

33991

Country

4. FEI Number

65-0952564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, PATRICIA A  
506 SW 8TH TERRACE  
CAPE CORAL FL 33991

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

Patricia A. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

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 PSD  
NAME SMITH, PATRICIA A  
STREET ADDRESS 506 SW 8TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE VTD  
NAME SMITH, JOHN G  
STREET ADDRESS 506 SW 8TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

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:

Patricia A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/2000

Daytime Phone #

941-458-50

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90123 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE