

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078266

1. Entity Name

PBS BILLING SERVICES, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90090 046 ***150.00

054003

Principal Place of Business

506 SW 8TH TERRACE
CAPE CORAL FL 33991

Mailing Address

506 SW 8TH TERRACE
CAPE CORAL FL 33991

80023855



DO NOT WRITE IN THIS SPACE

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

LEE

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

3/28/01

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, 2001 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 ☐ Delete
STREET ADDRESS 506 SW 8TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991

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

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

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

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

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

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 fee empowered.

SIGNATURE:

Patricia A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/01

941-458-5023

Daytime Phone #

CR2E034 (10/00)