

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0394274 AV

DOCUMENT # P99000078266

1. Entity Name

PBS BILLING SERVICES, INC.

03-12-2002 90020 026 ***150.00

Principal Place of Business

**506 SW 8TH TERRACE
 CAPE CORAL FL 33991**

Mailing Address

**506 SW 8TH TERRACE
 CAPE CORAL FL 33991**

2. Principal Place of Business

506 SW 8TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

506 SW 8TH TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0952564

Applied For

Not Applicable

Zip

33991

Country

LEE

Zip

33991

Country

LEE

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

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, 2002 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	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA A	
STREET ADDRESS	506 SW 8TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN G	
STREET ADDRESS	506 SW 8TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

Patricia A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

941-458-5073

Daytime Phone #

CR2E034 (9/01)