

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90032 031 ***150.00

DOCUMENT # P99000098038

1. Entity Name
P.P.G. SERVICES INC.



Principal Place of Business
**8640 SADDLEBROOK CIRCLE, APT 5101
NAPLES FL 34104**

Mailing Address
**8640 SADDLEBROOK CIRCLE, APT 5101
NAPLES FL 34104**

2. Principal Place of Business
1406 NE 2ND TERR

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL - FLA

City & State
1

Zip
33909

Country
USA

Zip
1

Country

4. FEI Number
65-0961034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NARANJO, AMNIEL D
150 WEST 13TH ST #15
HIALEAH FL 33010
CAPE CORAL - FLA 33909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **NARANJO, AMNIEL D**
CITY-ST-ZIP **8640 SADDLE BROOK CIRCLE APT 5101
NAPLES FL 34104**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **RODRIGUEZ, JORGE R**
CITY-ST-ZIP **150 WEST 13TH ST #15
HIALEAH FL 33010**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NARANJO, PAVEL**
CITY-ST-ZIP **1271 WEST 33RD ST
HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

3-1-03

Date

Daytime Phone #

CR2E034 (10/02)