

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90081 045 ***150.00

DOCUMENT # P99000107218

1. Entity Name
PROFESSIONAL GRADING SERVICES, INC.



Principal Place of Business
**4560 BELVEDERE RD
#6
WEST PALM BEACH FL 33415**

Mailing Address
**2049 NORMANDY CIRCLE
WEST PALM BEACH FL 33409**

2. Principal Place of Business
7765 HOOPER ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number **65-0968274**

Applied For
Not Applicable

Zip Country
33411 USA

Zip Country

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

**FEJES, PATRICK
4560 BELEVEDERE RD
#6
WEST PALM BEACH FL 33415**

Name **FEJES, PATRICK**
Street Address (P.O. Box Number is Not Acceptable)
2049 NORMANDY CIRCLE
City **WEST PALM BEACH FL** Zip Code **33409**

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P. FEJES, PATRICK**
STREET ADDRESS **4560 BELEVEDERE RD #6**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition
NAME **P. FEJES, PATRICK**
STREET ADDRESS **2049 NORMANDY CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Delete
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CITY-ST-ZIP

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (561) 242-0170
Date Daytime Phone #

CR2E034 (10/02)