

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90128 034 ***158.75

CR2E034 (10/02)



☐ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S51423**



1. Entity Name
P. S. P. I., INC.

Principal Place of Business
**15 DAHOON CT SOUTH
HOMOSASSA FL 34446-8922**

Mailing Address
**15 DAHOON CT
HOMOSASSA FL 32646-8921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3064387

Applied For
☐ Not Applicable

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

**POE, GARY A.
103 N-APOPKA AVE
INVERNESS FL 32650**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HALSTEAD, GERALDINE A**
STREET ADDRESS **763 PEREGRINE DR**
CITY-ST-ZIP **INDIANTLANTIC FL**

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

TITLE **D** ☐ Delete
NAME **ZAJIC, MELANIE**
STREET ADDRESS **6735 BLANCHE DR**
CITY-ST-ZIP **LORTON VA 22079**

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

TITLE **D** ☐ Delete
NAME **LIVELLI, CAROL LEE**
STREET ADDRESS **101 STATE HIGHWAY 5 APT 201**
CITY-ST-ZIP **EDGEWATER NJ 07020**

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

TITLE **P** ☐ Delete
NAME **ZAJIC, ANNA M**
STREET ADDRESS **15 DAHOON CT SOUTH**
CITY-ST-ZIP **HOMOSASSA FL 34446-8922**

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

TITLE **ST** ☐ Delete
NAME **ZAJIC, ANNA M**
STREET ADDRESS **15 DAHOON CT SOUTH**
CITY-ST-ZIP **HOMOSASSA FL 34446-8922**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Anna M Zajic** **RAHOREM. ZAJIC President** **7 January '03** **352-382-1535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #