

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74971

1. Entity Name

PSG ENTERPRISES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90037 014 ***150.00

Principal Place of Business

5186 COMMERCIAL WAY
SPRING HILL FL 34606-1931
US

Mailing Address

9557 BEARFOOT TRAIL
10296 FORDHAM STREET
SPRING HILL FL 34613-6436
Brooksville FL 34613

2. Principal Place of Business

3. Mailing Address

9557 BEARFOOT TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

4. FEI Number

59-3084464

Applied For

Not Applicable

Zip

Country

Zip

Country

34613- HERNANDO

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

BRUMETT, PINE M.
10296 FORDHAM STREET
SPRING HILL FL 34608

Name

PINE M. BRUMETT

Street Address (P.O. Box Number is Not Acceptable)

9557 BEARFOOT TRAIL

City

Brooksville

FL

34613

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUMETT, GAIL	
STREET ADDRESS	10296 FORDHAM STREET	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHARDS, MARY ANN	
STREET ADDRESS	1441 BISHOP ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRUMETT, PINE M	
STREET ADDRESS	10296 FORDHAM ST	
CITY-ST-ZIP	SPRING HILL FL 34608	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9557 BEARFOOT TRAIL
CITY-ST-ZIP	Brooksville FL 34613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9557 BEARFOOT TRAIL
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 another like empowered.

SIGNATURE: *Mary Ann Richards* MARY ANN RICHARDS March 30, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)