FOR PROFIT CORPORATION uniform business report (UBR)

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** 04-02-2002 90146 023 ***150 00 PSA ENTERPHISES, INC. DO NOT WRITE IN THIS SPACE B0057278 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City 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 tille if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TILE AHHANNATI RAVL 1876 RECHEK HWY WINTER HAVETY, FL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7P CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 on an attraction of the corporation of 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 on an SIGNATURE: