2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

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Entity Name: THE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2115 PALM BAY RD., NE, SUITE #4E
PALM BAY, FL 329057236

New Principal Place of Business:

2115 PALM BAY RD., NE, SUITE 4E
PALM BAY, FL 32905 US

Current Mailing Address:

2115 PALM BAY RD., NE, SUITE #4E
PALM BAY, FL 329057236

New Mailing Address:

2115 PALM BAY RD., NE, SUITE 4E
PALM BAY, FL 32905 US

FEI Number: 59-2176671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, JAMES, T
2115 PALM BAY BLVD., NE, SUITE #4E
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

MORRIS, JAMES T
2115 PALM BAY RD., NE, SUITE 4E
PALM BAY, FL 32905 US

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: JAMES T. MORRIS 04/26/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, JAMES, T,
Address: 2115 PALM BAY ROAD, NE
City-St-Zip: PALM BAY, FL 32905

Title: STD ( ) Delete
Name: ROTH, DIANE
Address: 2115 PALM BAY ROAD, NE
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: MORRIS, SUSIE,
Address: 2115 PALM BAY ROAD, NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORRIS, JAMES T
Address: 2115 PALM BAY ROAD, NE, SUITE 4E
City-St-Zip: PALM BAY, FL 32905 US

Title: STD (X) Change ( ) Addition
Name: ROTH, DIANE
Address: 2115 PALM BAY ROAD, NE, SUITE 4E
City-St-Zip: PALM BAY, FL 32905 US

Title: D (X) Change ( ) Addition
Name: MORRIS, SUSIE
Address: 2115 PALM BAY ROAD, NE, SUITE 4E
City-St-Zip: PALM BAY, FL 32905 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. MORRIS PD 04/26/2002
Electronic Signature of Signing Officer or Director Date