

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90070 043 ***150.00

DOCUMENT # P97000086734

1. Entity Name
PROFESSIONAL LAND SERVICES, INC.

Principal Place of Business Mailing Address
2417 QUIMPER AVE SE 2417 QUIMPER AVE SE
PALM BAY FL 32909 PALM BAY FL 32909

D0034108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3472788	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUESNEL, STEPHEN 2417 QUIMPER AVE SE PALM BAY FL 32909			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	State	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.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESNEL, STEPHEN W		NAME	QUESNEL, Stephen W.	
STREET ADDRESS	2417 QUIMPER AVE SE		STREET ADDRESS	2417 Quimper Ave, SE	
CITY-STATE-ZIP	PALM BAY FL 32909		CITY-STATE-ZIP	PALM BAY, FL 32909	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESNEL, KAREN L		NAME	QUESNEL, KAREN L.	
STREET ADDRESS	2417 QUIMPER AVE SE		STREET ADDRESS	2417 Quimper Ave, SE	
CITY-STATE-ZIP	PALM BAY FL 32909		CITY-STATE-ZIP	PALM BAY, FL 32909	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 all other I file empowered.

SIGNATURE: Stephen W. Quesnel **STEPHEN QUESNEL** **321-723-0702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)