

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 277162

1. Entity Name

PROFESSIONAL MOTORS INC

Principal Place of Business

Mailing Address

800 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

800 S. HARBOR CITY BLVD.
MELBOURNE FLA 32901-1907

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

59-1027850

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

FALLACE, JAMES H.
1900 S. HICKORY STREET
MELBOURNE FL 32901

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.

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

TITLE DV
NAME RATHMANN, RICHARD R.
STREET ADDRESS 3950 N. RIVERSIDE DR.
CITY-ST-ZIP INDIALANTIC FL ☐ Delete

TITLE DPO
NAME RATHMANN, JAMES T.
STREET ADDRESS 3900 N. RIVERSIDE DR.
CITY-ST-ZIP INDIALANTIC, FL. 00000 ☐ Delete

TITLE SD
NAME RATHMANN, CAROLYN J.
STREET ADDRESS 3950 N. RIVERSIDE DR.
CITY-ST-ZIP INDIALANTIC FL ☒ Delete

TITLE TS
NAME SANDLER, GLENN S.
STREET ADDRESS 509 CARRIAGE ROAD
CITY-ST-ZIP INDIAN HARBOR BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE TS
NAME SANDLER, GLENN
STREET ADDRESS 208 Wootenbury Lane
CITY-ST-ZIP Indian Harbor Beach, FL 32937 ☒ Change ☐ Addition

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

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

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 like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 009 ***150.00



DO NOT WRITE IN THIS SPACE

1-26-00

407-7264211