

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90003 028 \*\*\*150.00

**DOCUMENT # 382425**

1. Entity Name  
**PROFESSIONAL PLANNING SERVICES, INC.**

Principal Place of Business      Mailing Address  
**7803 NORTH ORANGE BLOSSOM TRAIL**      **7803 NORTH ORANGE BLOSSOM TRAIL**  
**SUITE 2**      **SUITE 2**  
**ORLANDO FL 32810**      **ORLANDO FL 32810-2662**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2151 E SEMORAN BLVD**      **2151 E SEMORAN BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**APOPKA FL**      **APOPKA FL**

Zip      Country      Zip      Country  
**32703**      **US**      **32703**      **US**

4. FEI Number      Applied For  
**59-1350375**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**WILSON, BRUCE**  
**7803 N. ORANGE BLOSSOM TRAIL**  
**#2**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent  
 Name      **WILSON, BRUCE**  
 Street Address (P.O. Box Number is Not Acceptable)      **2151 E SEMORAN BLVD**  
 City      **APOPKA**      FL      Zip Code      **32703**

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      *Bruce Wilson*      DATE      **1/18/00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, KIMBERLY J</b> <b>7803 N. ORANGE BLOSSOM TRAIL, #2</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, BRUCE H</b> <b>7803 N. ORANGE BLOSSOM TRAIL, #2</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, KIMBERLY J</b> <b>2151 E SEMORAN BLVD</b> <b>APOPKA FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, BRUCE H</b> <b>2151 E SEMORAN BLVD</b> <b>APOPKA FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:      *Bruce Wilson*      Date      **407 295 5009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)