2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # 447419** PROFESSIONAL ADJUSTMENT CORP. 04-28-2000 90027 022 ***150.00 Principal Place of Business Mailing Address 4601 CENTRAL AVE CENTRAL AVE ST PETERSBURG FL 33713-8138 - PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business 605 U.S. HIGHWAY 41 S. 605 U.S. HIGHWAY 41 S Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1529224 Not Applicable INVERNESS, FL INVERNESS, Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 34450 34450 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERSTEIN, EDWIN L Street Address (P.O. Box Number is Not Acceptable) 605 U.S. HIGHWAY 41 S. **4601 CENTRAL AVE** ST PETERSBURG FL 33713 City INVERNESS 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Delete TITLE - · ☑ Change TITLE SILVERSTEIN, EDWIN L NAME NAME STREET ADDRESS 605 U.S. HIGHWAY 41 S. STREET ADDRESS 4601 CENTRAL AVE CITY-ST-ZIP CITY-ST-ZIP INVERNESS, FL 34450 ST PETERSBURG, FL 00000 Change ☐ Addition TIT! F ☐ Delete SILVERSTEIN, EDWIN L NAME STREET ADDRESS STREET ADDRESS 605 U.S. HIGHWAY 41 S. 4601 CENTRAL AVE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 INVERNESS, FL 34450 ~ Delete TITLE 🚐 🔼 Change -.. - 🔲 Addition TITLE SILVERSTEIN, EILEEN B NAME NAME STREET ADDRESS 4601 CENTRAL AVE STREET ADDRESS 605 U.S. HIGHWAY 41 S. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL INVERNESS FL 34450 Change **VP** Delete ☐ Addition TITLE DEL RIO, DIANE J. NAME NAME STREET ADDRESS STREET ADDRESS 4249 76TH AVE N APT 115 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 Block 12 if changed, or on an attachment with an address, with all effect like empowered. Swerstein 4-20 00