

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-17-2002 90110 027 ***150.00

DOCUMENT # 649506

1. Entity Name

PROFESSIONAL ADVISORS, INC.

Principal Place of Business

915 BONITA DR
 WINTER PARK FL 32789
 US

Mailing Address

P.O. BOX 2145
 WINTER PARK FL 32790
 US



2. Principal Place of Business

3. Mailing Address

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2108061**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

WILKINS, ROBERT C JR.
203 LOOKOUT PLACE
MAITLAND FL 32751

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 reappointing)

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, 2002 Fee will be \$350.00
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 ☐ Delete
 NAME **CEO**
 STREET ADDRESS **ANTHONY, BETTY J**
 CITY-ST-ZIP **915 BONITA DR. WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ANTHONY, GORDON**
 CITY-ST-ZIP **915 BONITA DR. WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME **CFO**
 STREET ADDRESS **ANTHONY, LINCOLN**
 CITY-ST-ZIP **646 Magnolia Maitland FL 32751**

TITLE ☐ Delete
 NAME **ANTHONY, LINCOLN**
 STREET ADDRESS **646 Magnolia**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (402) 645-5858
 Date Daytime Phone #

CR2E034 (9/01)