

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/15/2003-90276-027-\$150.00-\$150.00 *
8/11/2003-90280-030-\$550.00-\$550.00

03 OCT 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEM Number

APPLIED FOR

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTHONY, BETTY J 915 BONITA DR. WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY, GORDON 915 BONITA DR. WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ANTHONY, LINCOLN 646 MAGNOLIA MAITLAND FL 32751	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

President

8/7/03 (40) 645-5858

Date

Daytime Phone #

CR2034 (4/03)

71 10/17

October 14, 2003

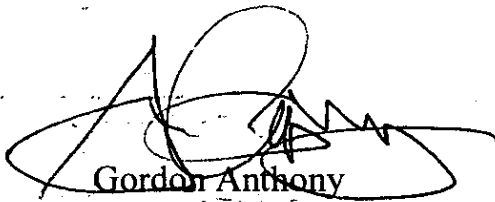
To: Justin Shivers
Division of Corporations
State of Florida

Re: Reinstatement of Professional Advisors Inc.

I am returning the application for reinstatement on the above, per our phone conversation today, along with the unopened return mail of the re-application sent you a few months ago and just now returned for insufficient address. It appears that the mail label I fashioned from your cover letter came "unglued" except for the city & state portion.

I will greatly appreciate your processing this enclosed application for renewal which was returned in a timely manner, except for the "unglueing". Copy of original check sent and deposited by the State in August is attached.

Thank you,

A handwritten signature in black ink, appearing to read 'Gordon Anthony', is written over a horizontal line.

Gordon Anthony
915 Bonita Drive
Winter Park, FL 32789 (407) 645-5858/ FAX (407) 645-4747