

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013369 AF

DOCUMENT # **A96000000769**

1. Entity Name

**PROFESSIONAL MANAGEMENT CONCEPTS, LTD.**

**FILED**

**01 APR 26 PM 6:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3101 W. 13TH ST ST. CLOUD FL 34769</b>	Mailing Address <b>3101 W. 13TH ST ST. CLOUD FL 34769</b>
--	--

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 <b>59-3373790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, FRANK J  
4530 ALBRITTON ROAD  
ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent

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. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$970.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	---

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>MURRAY, FRANK J</b>
STREET ADDRESS	<b>4530 ALBRITTON ROAD</b>
CITY-ST-ZIP	<b>ST. CLOUD FL 34772</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>B/K</i>
CITY-ST-ZIP	<i>5/8</i>
STREET ADDRESS	<b>600004217356--1</b>
CITY-ST-ZIP	<b>-05/15/01--01077--022</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Frank J. Murray* **Frank J. Murray**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **General Partner**  
 Date **4/20/01** Daytime Phone # **(407) 957-5363**

CR2E003 (11/00)