

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90189 005 \*\*\*150.00

0376522 AV

**DOCUMENT # F56870**

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



**Principal Place of Business**  
P.O. BOX 2044  
P O BOX 2044  
WEST PALM BEACH FL 33402  
US

**Mailing Address**  
P.O. BOX 2044  
P O BOX 2044  
WEST PALM BEACH FL 33402-2044  
US



**ADDRESSES ONLY**  
**FEES ONLY**

☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-2153438

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**

**TSIMEKLES, ELIZABETH V.**  
**29 PICKWICK PARK DR., E.**  
**GREENACRES FL 33463**

**Name**  
**ELIZABETH V. TSIMEKLES**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6227 RED CEDAR CIR.**  
**City**  
**GREENACRES** **FL** **Zip Code**  
**33463**

**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** *Elizabeth V. Tsimekles* **ELIZABETH V. TSIMEKLES** **4-05-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PST** ☐ Delete  
**NAME** **TSIMEKLES, ELIZABETH V.**  
**STREET ADDRESS** **29 PICKWICK PARK DR., E.**  
**CITY-ST-ZIP** **GREENACRES FL 33463**

**TITLE** **SAME** ☐ Change ☐ Addition  
**NAME** **SAME**  
**STREET ADDRESS** **6227 RED CEDAR CIR.**  
**CITY-ST-ZIP** **SAME**

**TITLE** **D** ☐ Delete  
**NAME** **TSIMEKLES, ELIZABETH V.**  
**STREET ADDRESS** **29 PICKWICK PARK DR., E.**  
**CITY-ST-ZIP** **GREENACRES FL 33463**

**TITLE** **SAME** ☐ Change ☐ Addition  
**NAME** **SAME**  
**STREET ADDRESS** **6227 RED CEDAR CIR.**  
**CITY-ST-ZIP** **SAME**

**TITLE** **V** ☐ Delete  
**NAME** **TSIMEKLES, JOHN N.**  
**STREET ADDRESS** **29 PICKWICK PARK DR., E.**  
**CITY-ST-ZIP** **GREENACRES FL 33463**

**TITLE** **SAME** ☐ Change ☐ Addition  
**NAME** **SAME**  
**STREET ADDRESS** **6227 RED CEDAR CIR.**  
**CITY-ST-ZIP** **SAME**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:** *Elizabeth V. Tsimekles* **ELIZABETH V. TSIMEKLES** **PRES/SECT/TREAS.** **4-5-03** **561-472-1077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)