

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90149 021 ***150.00

DOCUMENT # F83668

1. Entity Name
PROFESSIONAL SOFTWARE ASSOCIATES, INC.



Principal Place of Business
**3097 RIO BONITA ST
INDIALANTIC FL 32903
US**

Mailing Address
**3097 RIO BONITA ST
INDIALANTIC FL 32903
US**

2. Principal Place of Business
61 Sorrento Court
Suite, Apt. #, etc.

3. Mailing Address
61 Sorrento Court
Suite, Apt. #, etc.

City & State
Satellite Beach, Florida
Zip
32937
Country
USA

City & State
Satellite Beach, Florida
Zip
32937
Country
USA

4. FEI Number
59-2198936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, JOHN E.
3097 RIO BONITA ST
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name
John E. Farrell

Street Address (P.O. Box Number is Not Acceptable)
61 Sorrento Court

Satellite Beach, Florida

City
Satellite Beach

FL

Zip Code

32937

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 **John E. Farrell**

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

(NOTE: Registered Agent signature required when reinstating)

4/14/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FARRELL, JOHN E
3097 RIO BONITA ST
INDIALANTIC FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**61 Sorrento Court
Satellite Beach, Florida 32937** ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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: **John E. Farrell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 321-773-3904

Date

Daytime Phone #

CR2E034 (10/02)