

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001782

1. Entity Name

PROFESSIONAL SALES & CONSULTING COMPANY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT -6 PM 3:10

Principal Place of Business

621 BOLLWEEVIL CIRCLE SUITE 16-303  
ENTERPRISE AL 36330

Mailing Address

621 BOLLWEEVIL CIRCLE SUITE 16-303  
ENTERPRISE AL 36330

2. Principal Place of Business

621 BOLLWEEVIL Cir

3. Mailing Address

621 BOLLWEEVIL Cir

Suite, Apt. #, etc.

16-303

Suite, Apt. #, etc.

16-303

City & State

ENTERPRISE AL

City & State

ENTERPRISE AL

Zip

36330

Country

US

Zip

36330

Country

US

4. FEI Number

63-1145476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, CHERYL A  
13978 OSPREY LINKS RD #79  
ORLANDO FL 32837

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

*Cheryl A Sweeney*

9/9/00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP  
P SWEENEY, ALFRED E 621 BOLLWEEVIL CIRCLE SUITE 16-303 ENTERPRISE AL 36330 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
S SWEENEY, CHERYL A 13978 OSPREY LINKS RD #79 ORLANDO FL 32837 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
8000003422458--6  
-10/12/00--01027--014

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*\$550.00 ☐ \*\*\*\$500.00

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
10/10

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:

*Cheryl A Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00

Date

3343479498

Daytime Phone #

CR2E034 (5/00)