

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
04-23-2002 90319 036 \*\*\*150.00

1. Entity Name  
**PROFESSIONAL SALES LTD., INC.**

P.O. BOX 752  
TAVARES FL 32778

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TAVARES FL 32778

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

NOT APPLICABLE

Not Applicable
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☐ **\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

SATLZER, RON E  
485 W NEW YORK AVE  
ORANGE CITY FL 32763

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. (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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PCD	<input type="checkbox"/> Delete
NAME	KINGSTON, ALAN	
STREET ADDRESS	35 BORRACK RD 3RD FL	
CITY - ST - ZIP	BELZIE CITY	

TITLE	VSTD	<del>4</del> Deleted
NAME	ROBERTS, THOMAS W	
STREET ADDRESS	2390 OLD US HWY 441	
CITY - ST - ZIP	MOUNT DORA FL	

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PCTSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINGSTON, ALAN		
STREET ADDRESS	35 BARNACK Rd, 3d Floor		
CITY - ST - ZIP	Belize City, Belize		

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

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** A. Kingston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/april/2002 407-650-2509

**Abstract**

CR2E034 (9/01)