

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002408

1. Entity Name  
PROFESSIONALLY SPEAKING, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91563 002 \*\*\*150.00

Principal Place of Business  
3380 SOUTH 108TH STREET, SUITE 103  
GREENFIELD WI 53224

Mailing Address  
3380 SOUTH 108TH STREET, SUITE 103  
GREENFIELD WI 53224

2. Principal Place of Business  
3742 N. 76<sup>th</sup> Street  
Suite, Apt. #, etc.

3. Mailing Address  
312 E. Wisconsin Ave  
Suite, Apt. #, etc.  
304

City & State  
Milwaukee, WI  
Zip  
53222  
Country  
USA

City & State  
Milwaukee, WI  
Zip  
53202  
Country  
USA

4. FEI Number 39-1531864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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

TITLE PTD  
NAME WINOGRAD, DAVID  
STREET ADDRESS 134 E. TRILLIUM COURT  
CITY-ST-ZIP MEQUON WI 53092 ☐ Delete

TITLE VSD  
NAME PAYKEL, KEVIN  
STREET ADDRESS 10234 N. TRILLIUM LANE  
CITY-ST-ZIP MILWAUKEE WI 53222 ☐ 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 PTD  
NAME Winograd, David  
STREET ADDRESS 10124 N. Anne Ct.  
CITY-ST-ZIP Mequon, WI 53092 ☒ Change ☐ Addition

TITLE VSD  
NAME Paykel, Kevin  
STREET ADDRESS 134 E. Trillium  
CITY-ST-ZIP Mequon, WI 53092 ☒ Change ☐ Addition

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

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

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: 12  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (414) 224-0701  
Date Daytime Phone #

CR2E034 (10/00)