

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90279 035 ***158.75

DOCUMENT # G16323

1. Entity Name
PROFESSIONAL FINANCIAL GROUP, INC.

Principal Place of Business

2929 E. COMMERCIAL BLVD. #605
FT. LAUDERDALE FL 33308

Mailing Address

2929 E. COMMERCIAL BLVD. #605
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2300 W. SAMPLE RD.

3. Mailing Address

2300 W. SAMPLE RD

Suite, Apt. #, etc.

SUITE # 304

Suite, Apt. #, etc.

SUITE # 304

City & State

POMPAHO BEACH, FL

City & State

POMPAHO BEACH, FL

4. FEI Number

59-2240622

Applied For

Not Applicable

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, GORDON

2929 E. COMMERCIAL BLVD., #605
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

ROBERTS, GORDON

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

2300 W. SAMPLE RD., SUITE # 304

City

POMPAHO BEACH

FL

Zip Code

33073

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 of Gordon Roberts)

(NOTE: Registered Agent signature required when reinstating)

4-12-02

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

TITLE **P** ☐ Delete
NAME **BROCKLIN, DAVID VAN**
STREET ADDRESS **7655 N.W. 61 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **VP** ☐ Delete
NAME **ROBERTS, GORDON**
STREET ADDRESS **860 S.W. 55 WAY**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

(Signature of Gordon Roberts)

Date

Daytime Phone #

4/12/02 (954) 776-0560

CR2E034 (9/01)