

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90018 002 \*\*\*550.00

**DOCUMENT # G67074**

1. Entity Name

**PROFESSIONAL FILING SYSTEMS INC.**

Principal Place of Business

11636 N.W. 5TH ST.  
 PLANTATION FL 33325

Mailing Address

11636 N.W. 5TH ST.  
 PLANTATION FL 33325

2. Principal Place of Business

1360 NW 97th Ave

3. Mailing Address

1360 NW 97th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation, FL

Zip

33322

Country

Zip

33322

Country

4. FEI Number

59-2342634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GAPPEN, RICHARD M.  
 11636 NW 5TH STREET  
 PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

Gappen, Richard M. Jr.

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

1360 NW 97th Ave

City

Plantation

FL

Zip Code

33322

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

*Rich Gappen*

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

(NOTE: Registered Agent signature required when reinstating)

9/7/2000

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 **DP** ☒ Delete  
 NAME **GAPPEN, RICHARD M**  
 STREET ADDRESS **11636 NW 5TH STREET**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☒ Delete  
 NAME **GAPPEN, ANITA G.**  
 STREET ADDRESS **11636 N.W. 5TH ST**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VP** ☐ Delete  
 NAME **GAPPEN, RICHARD M. J**  
 STREET ADDRESS **1360 NW 97TH AVE**  
 CITY-ST-ZIP **PLANTATION FL**

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 **DP** ☒ 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

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:

*Richard M. Gappen*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

9/7/2000

Date

854-474-7440

Daytime Phone #

CR2E034 (5/00)