

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90096 046 \*\*\*150.00

0494678

|   |   |
|---|---|
| <b>DOCUMENT # H07784</b>  |   |
| 1. Entity Name<br><b>SERVICES OF PROFESSIONALS, INC.</b>  |   |
| Principal Place of Business<br><b>2855 KIRBY AVE NE<br/>SUITE 2<br/>PALM BAY FL 32905-3430<br/>US</b> | Mailing Address<br><b>P.O. BOX 060820<br/>P.O. BOX 060820<br/>PALM BAY FL 32906-0820<br/>US</b> |



DO NOT WRITE IN THIS SPACE

|   |                     |
|---|---------------------|
| 2. Principal Place of Business<br><b>2600 KIRBY AVE. NE</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.<br><b>11</b>                            | Suite, Apt. #, etc. |
| City & State  | City & State        |
| Zip<br><b>32905</b>   | Country             |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2517705</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>HELTON, LARRY J.<br/>3300 WEDGEWOOD DR NE #106<br/>PALM BAY FL 32905</b> |
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| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> Zip Code                            |

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|--|
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____   |

|   |   |   |
|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/><br><b>\$5.00</b> May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>HELTON, LARRY J.<br/>3300 WEDGEWOOD DR NE 106<br/>PALM BAY FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Larry J. Helton</i> <b>LARRY J. HELTON</b> | Date<br><b>4/10/01</b> | Daytime Phone #<br><b>321 951 7876</b> |
|--|------------------------|--|

CR2E034 (10/00)