

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90960 050 ***150.00

DOCUMENT # J12052

1. Entity Name

PROFESSIONAL SITTERS SERVICES, INC.

Principal Place of Business

% JULIE A. WARE
15925 SEA PINES DR.
HUDSON FL 34667

Mailing Address

% JULIE A. WARE
15925 SEA PINES DR.
HUDSON FL 34667

2. Principal Place of Business

13825 US HWY 19

3. Mailing Address

13825 US Hwy 19

Suite, Apt. #, etc.

Suite 404C

Suite, Apt. #, etc.

Suite 404C

City & State

Hudson FL

City & State

Hudson FL

Zip

34667

Country

Zip

34667

Country

4. FEI Number

59-2661885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARE, JULIE A.
15925 SEA PINES DR.
HUDSON FL 33567

Name

Alice L. Carr

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

16510 Shady Hills Rd.

City

Spring Hill

FL

Zip Code

34610

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

Alice L. Carr

Alice L. Carr

04-25-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME WARE, JULIE A.
STREET ADDRESS 15925 SEA PINES DR.
CITY-ST-ZIP HUDSON FL

TITLE DPVTM ☒ Change ☐ Addition
NAME Carr, Alice L.
STREET ADDRESS 16510 Shady Hills Road
CITY-ST-ZIP Spring Hill FL 34610

TITLE DM ☒ Delete
NAME BILLIAN, MARY L.
STREET ADDRESS 15925 SAN PINES DR.
CITY-ST-ZIP HUDSON FL

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

TITLE VDT ☐ Delete
NAME CARR, ALICE L.
STREET ADDRESS 15032 BOLAND AVE
CITY-ST-ZIP SPRING HILL FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

Alice L. Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

(727) 863-7904

Daytime Phone #

CR2E034 (10/00)