

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J45858**

1. Entity Name

**PROFESSIONAL ASSISTANCE OF SARASOTA, INC.**

Principal Place of Business

**1880 ARLINGTON ST  
SUITE 206  
SARASOTA FL 34239  
US**

Mailing Address

**1880 ARLINGTON ST  
SUITE 206  
SARASOTA FL 34239  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**REHMEYER, JACQUELINE  
4267 LAS PALMAS WAY  
SARASOTA FL 34238**

Name

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

City

**FL**

Zip Code

4. FEI Number **59-2755366**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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, 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

TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>REHMEYER, JACQUELINE</b>	
STREET ADDRESS	<b>4267 LAS PALMAS WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JOYNER, CAROLYN R</b>	
STREET ADDRESS	<b>4004 BELL AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90093 032 \*\*\*150.00

**C0046702**

DO NOT WRITE IN THIS SPACE

0414083

CR2E034 (10/00)