## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J54171**

1. Entity Name

PROFESSIONAL SERVICES OF CENTRAL FLORIDA, INC.



## FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90133 026 \*\*\*158.75

Maining Actioness  See C. DOER AND LESSURGE FI. 34748  2. Principal Place of Business  Suito. Act. #, old.  Suite. Apt. #, etc.  City & State							C00	ETRI					
Suite, Apt. 4, etc.   Suite   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Cry & State   Cry & State   A. FEI Number 59-2756942   Applicable For Kind Applicable For Kind Applicable For Kind Applicable For Requirement Suite Applicable For Requirement For For Requi	600 E. DIXIE AVENUE			600 E. DIXIE AVENUE								)	
City & State  City & State  City & State  City & State  A. FEI Number  59-2756842  A. FEI Number  59-2	2. Principal Place of Business				3. Mailing Address								
Typ Country Zip Country 5. Certificate of Status Deered 2 \$3.75 Applicable  C. Name and Address of Current Registered Agent 7. Name and Address of New Reg	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKII	NG CHANGES	3	
See Name and Address of Current Registered Agent  FROBUCK, JR., H.D., ESQUIRE  810 EAST MAIN STREET  LEESBURG FL 34748  City  City  FL  Zip Code  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 Fonda. I am familiar with, and accept the obligations of registered agent and life is economic of registered agent and life is expected agent and l	City & Stat	e	·	City & State				4. 1	FEI Number 59-2756942	?	<del></del>		
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	12. I hereby d	ertify that the	information supplied with	this filina	does not qualify for			ed in Sec	ction 1	119 07(3)(i) Florida Statutes	L further o	ertify that the	nformation

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 outh; 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 10 or Block 11 if changed, or on an attachment with an Address, with an other like empowered.

R PATTON McCONNELL

SIGNATURE: /

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERMANY /TREASURE

2-12-0

3/2-373-200

Daytime Phone #

CR2E034 (10/02)