

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

PSlatz

DOCUMENT # K31279

1. Entity Name
PROFESSIONAL FEE PLANNERS, INC.

00 SEP 28 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7374 WATER DANCE WAY
LAKE WORTH, FL 33467

2. Principal Place of Business **3. Mailing Address**
SAME AS ABOVE Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** 65-0068034 **Applied For**
Zip **Country** **Zip** **Country** **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**
JAMES A. MULTACK
7374 WATER DANCE WAY
LAKE WORTH, FL 33467
Name
Street Address (P.O. Box Number is Not Acceptable)
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 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 **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. ☐ Added to Fees
(See criteria on back) ☐ Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES A. MULTACK 7374 WATER DANCE WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003417471-3 -10/06/00--01115--006 *****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC PRESIDENT DAVID HARRIS 10281 SW 124 ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: James A. Multack **Sept 18, 2000** 561 433-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

pg. 2 of 2

September 20, 2000

To whom it may concern:

I never received my 1st notice for my corporations UBR. I called and the records indicate that the report was returned by the post office. I called the Department and I just received a form from your office. I have never been late in the past and ask you to please waive the penalty fees.

Thank you for your help.

Sincerely,

A handwritten signature in cursive script that reads "Jim Multack".

Jim Multack, President
Professional Fee Planners