

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002192

1. Entity Name  
PSL PROFESSIONAL CENTER, LLC

FILED

01 FEB 20 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1100 SOUTHWEST ST. LUCIE WEST BLVD.  
STE. 203  
PORT LUCIE FL 34986

Mailing Address  
1100 SOUTHWEST ST. LUCIE WEST BLVD.  
STE. 203  
PORT LUCIE FL 34986

2. Principal Place of Business  
8521 S. US Highway 1  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Port St. Lucie

Zip  
34952

Country  
USA

4. FEI Number  
65-1018426

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

Name  
Ward Snyder

Street Address (P.O. Box Number is Not Acceptable)  
c/o RE/MAX 100 - The Keller Team

1880 SE Port St. Lucie Blvd.

City  
Port St. Lucie FL 34952

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 *Ward Snyder* 2-9-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

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

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principle <del>MEMBER</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ward Snyder 18 Herons Nest, Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principle <del>MEMBER</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jay Keller 1880 SE PSL Blvd, PSL, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD E. SNYDER TRUSTE LNLK TRUST 18 HERONS NEST STUART FL 34997
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ward Snyder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2-9-01 Daytime Phone # 561-388-4245

0023540 AF CR2E083 (11/00)