

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013930

1. Entity Name
PROFESSIONAL PROPERTY SERVICES GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:08

Principal Place of Business
P.O. BOX 14776
BRADENTON FL 34280

Mailing Address
P.O. BOX 14776
BRADENTON FL 34280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 306
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 306
Suite, Apt. #, etc.

City & State
Palmetto, FL
Zip
34220
Country
USA

City & State
Palmetto, FL
Zip
34220
Country
USA

4. FEI Number
65-1081596

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CHEW, BRIAN C
7711 2ND AVENUE NW
BRADENTON FL 34209

7. Name and Address of New Registered Agent
Name
Chew, Brian C.
Street Address (P.O. Box Number is Not Acceptable)
5107 Palmetto Pt. Dr.
City
Palmetto
FL
Zip Code
34221

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 Brian C. Chew Brian C. Chew 9/24/01
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
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Mgrm Brian C. Chew 5107 Palmetto Pt. Dr. Palmetto, FL 34221	
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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		800004618688-0 10/01/01-01086-001 *****50.00 *****50.00	
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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: Brian C. Chew Brian C. Chew 9/24/01 941-723-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0007884

CR2E083 (5/01)

STAPLE CHECK HERE