

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 022 \*\*\*\*50.00

DOCUMENT # **LO1000005628**  
1. Entity Name **PROFESSIONAL CONSULTING ASSOCIATES, LLC**

**968823**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2070 ORCHARD PARK**

3. Mailing Address  
**P.O. Box 9430**

Suite, Apt. #, etc.  
**DRIVE**

Suite, Apt. #, etc.

City & State  
**NISKAYUNA N.Y.**

City & State  
**NISKAYUNA NY**

4. FEI Number  
**52-2316758**

Applied For  
Not Applicable

Zip  
**12309**

Country  
**U.S.**

Zip  
**12309-0430**

Country  
**U.S.**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**J. NICKOLAS ALEXANDER JR., ESQ**

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

**2037 CARNES AVE.**

City  
**ORANGE PARK**

**FL**

Zip Code  
**32712**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT - MGRM LISA M. ALEXANDER 2070 ORCHARD PARK DR. NISKAYUNA, NY 12309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT - MGRM NICHOLAS C. ALEXANDER 2070 ORCHARD PARK DR. NISKAYUNA, NY 12309</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**6-4-02**

Date

**584227112**

Daytime Phone #

CR2E083B (12/01)