

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90028 004 ***150.00

DOCUMENT # L15183

1. Entity Name

PROFESSIONAL BUSINESS FORMS, INC.

Principal Place of Business

**5439 BEAUMONT CTR
 #1050
 TAMPA FL 33634**

Mailing Address

**5439 BEAUMONT CNTR BLVD
 #1050
 TAMPA FL 33634**

910247



2. Principal Place of Business

555D W. IRLAND AVE

3. Mailing Address

P.O. Box 260189

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

USA

Zip

33685-0189

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2967346

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FENIMORE, MARK
 11921 KEATING DR
 TAMPA FL 33626**

7. Name and Address of New Registered Agent

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 **MARK FENIMORE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark Fenimore 1/16/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BROCK, JOEL A.**
 STREET ADDRESS **16207 HOYLAK DR**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE **P** ☐ Delete
 NAME **FENIMORE, MARK**
 STREET ADDRESS **11921 KEATING DR**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **S** ☒ Delete
 NAME **FENIMORE, J. SCOTT**
 STREET ADDRESS **330 8TH AVE NORTH #7**
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **V** ☐ Delete
 NAME **FENIMORE, JAMES M**
 STREET ADDRESS **6805 TWELVE OAKS BLVD**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Mark Fenimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 813 884-7616

Date

Daytime Phone #

CR2E034 (9/01)