

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23006

1. Entity Name
PROFESSIONAL MERCHANDISERS, INC.

Principal Place of Business
C/O WATHEN ACCOUNTING
11804 N 56TH ST
TAMPA FL 33617
US

Mailing Address
C/O BRUNDAGE
3820 GULF BLVD SUITE 1203
ST PETERSBURG BEACH FL 33706
US

2. Principal Place of Business
C/O BRUNDAGE
Suite, Apt. #, etc.
3230 W. KENNEDY BLVD.
City & State
TAMPA, FL.

3. Mailing Address
C/O BRUNDAGE
Suite, Apt. #, etc.
3230 W. KENNEDY BLVD.
City & State
TAMPA, FL.

Zip
33609-3007
Country
USA

Zip
33609-3007
Country
USA

6. Name and Address of Current Registered Agent

BRUNDAGE, NEIL
3820 GULF BLVD
STE 1203
ST PETERSBURG BEACH FL 33706

4. FEI Number 59-2975606 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4867 W. McELROY AVE.
City TAMPA FL Zip Code 33611

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 NEIL BRUNDAGE

DATE 1/30/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P BRUNDAGE, NEIL 3820 GULF BLVD STE 1203 ST PETERSBURG BEACH FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNDAGE, ANDREA 3820 GULF BLVD STE 1203 ST PETERSBURG BEACH FL 33706	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4867 W. McELROY AVE. TAMPA, FL. 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4867 W. McELROY AVE. TAMPA, FL. 33611	<input checked="" 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
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

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: NEIL BRUNDAGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/30/2001

DAYTIME PHONE # (813) 253-5338

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90085 012 ***150.00

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DO NOT WRITE IN THIS SPACE

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CRZE034 (10/00)