

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90074 004 \*\*\*150.00

0007015 AN

DOCUMENT # **L97864**

1. Entity Name  
**PROFESSIONAL AUCTIONS UNLIMITED, INC.**



Principal Place of Business  
**510 KINGLEY AVE  
ORANGE PARK FL 32073  
US**

Mailing Address  
**510 KINGLEY AVE  
ORANGE PARK FL 32073  
US**



2. Principal Place of Business **510 Kingley Ave** 3. Mailing Address **510 Kingley Ave**

Suite, Apt. #, etc.

City & State **ORANGE Park, FL** City & State **ORANGE Park, FL**

Zip **32073** Country **CLAY** Zip **32073** Country **CLAY**

4. FEI Number **65-0210044** Applied For  Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**PLUMLEE, CHARLES LOUIS**  
**7000 POINTE MEADOWS DR #997**  
**JACKSONVILLE FL 32206**  
**Address change only**

7. Name and Address of New Registered Agent  
Name **CHARLES LOUIS Plumlee**  
Street Address (P.O. Box Number is Not Acceptable) **5851 N. BARTRAM Circle**  
City **JACKSONVILLE** FL Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>PLUMLEE, CHARLES L.</b> <b>811 TOURNAMENT RD</b> <b>PONTE VERDA FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VPST</b> <b>SLOTT, SHERWOOD J</b> <b>14255 MANDARIN ROAD</b> <b>JACKSONVILLE FL 32223</b>
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHARLES LOUIS Plumlee</b> <b>5851 N. BARTRAM Circle</b> <b>JACKSONVILLE, FL 32207</b>
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles L. Plumlee** **REQUIRE** **CHARLES L. Plumlee** **4/28/03** **904264256**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)