

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008238

1. Entity Name  
PROFESSIONAL EXPRESS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 12 AM 10:46

Principal Place of Business  
677 N. WASHINGTON BLVD., SUITE 1-A  
SARASOTA FL 34236

Mailing Address  
X 677 N. WASHINGTON BLVD., SUITE 1-A  
SARASOTA FL 34236-4241



MOB

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 250  
Suite, Apt. #, etc.

City & State  
Sarasota FL

City & State  
Sarasota FL

Zip  
34230

Country  
USA

4. FEI Number  
65-0963889

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NAPOLITANO, JOHN E  
677 N. WASHINGTON BLVD., SUITE 1-A  
SARASOTA FL 34236

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/4/00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
Managing member	John E. Napolitano	677 N. Washington Blvd Suite 1A	Sarasota, FL 34236	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OR MANAGER

Date  
Daytime Phone #

CR2E083 (9/99)