

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008238**

1. Entity Name
PROFESSIONAL EXPRESS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

GO JAN 12 AM 10:46

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

Mailing Address
 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
 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 DATE 1/4/00

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

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME	<input type="checkbox"/> Delete
Title: <i>Managing member</i> Name: <i>John E. Napolitano</i> Street Address: <i>677 N. Washington Blvd Suite 1A</i> City - ST - ZIP: <i>Sarasota, FL 34236</i>	<input type="checkbox"/>
	<input type="checkbox"/>

10. ADDITIONS / CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000003104210--4 -01/20/00--01039--014 *****55.00 *****55.00	<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 1/4/00 DAYTIME PHONE # (941) 950-5886

CR2E083 (9/99)