

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008238

1. Entity Name
PROFESSIONAL EXPRESS, LLC

APPROVED
AND
FILED

01 APR 26 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
P.O. BOX 250
SARASOTA FL 34230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Wallace Avenue
Suite, Apt. #, etc. Suite 240

3. Mailing Address
Suite, Apt. #, etc. Same

City & State
Sarasota, FL

City & State

4. FEI Number 65-0963889

Applied For
Not Applicable

Zip 34237 Country USA

Zip Country

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 John E. Napolitano
Street Address (P.O. Box Number is Not Acceptable)
100 Wallace Avenue
Suite 240
City Sarasota FL Zip Code 34237

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME NAPOLITANO, JOHN E
STREET ADDRESS 677 N. WASHINGTON BLVD., SUITE 1-A
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE member
NAME Napolitano & Cooper, P.A.
STREET ADDRESS 100 Wallace Avenue, Suite 240
CITY-ST-ZIP SARASOTA FL 34237 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)