

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M26808

1. Entity Name

PROFESSIONAL RESIDENTIAL SERVICES CORP.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90030 050 ***150.00

Principal Place of Business

Mailing Address

PO BOX 2630
STUART FL 34995-2630
US

PROFESSIONAL RESIDENTIAL SER. CORP.
PO BOX 2630
STUART FL 34995-2630
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2631743

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, DONALD A.
3801 RIVIERA DR.
CORAL GABLES FL 33134

DONALD A. DOYLE
42 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FL 34996-6728

ress (P.O. Box Number is Not Acceptable)

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOYLE, DIANA P.	
STREET ADDRESS	42 SOUTH SEWALL'S POINT RD	
CITY-ST-ZIP	SEWALL'S POINT FL 34996	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DOYLE, DONALD A.	
STREET ADDRESS	42 SOUTH SEWALL'S POINT RD	
CITY-ST-ZIP	SEWALL'S POINT FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

561-286-3777

Daytime Phone #

CR2E034 (10/00)