

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71204

1. Entity Name

PROFESSIONAL REPAIR SERVICE, INC.

R

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90223 014 \*\*\*150.00

**A0074087**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2145 UNIVERSITY BLVD N JACKSONVILLE FL 32211	Mailing Address 2145 UNIVERSITY BLVD N JACKSONVILLE FL 32211
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-2888623</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>GUNN &amp; COMPANY, P.A. 4345 S. PT BLVD STE 100 JACKSONVILLE FL 32216</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D COLVIN, EUGENE WADE</b>
STREET ADDRESS	<b>2145 UNIV BLVD N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D COLVIN, JUDITH A</b>
STREET ADDRESS	<b>11713 S. WHITE BLUFF DR</b>
CITY-ST-ZIP	<b>JAX FL 32225</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Eugene Wade* **SIGNATURE REQUIRED** 8/22/2000 900-744-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment Doc# M7/204

10074087



**GUNN & COMPANY, P.A.**

**CERTIFIED PUBLIC ACCOUNTANTS**

MARSHALL D. GUNN, JR., CPA/PFS, CFP

DAVID P. BARLEY, SR., CPA, MBA

SONNY F. MARTIN, CPA, CIA

STEPHEN S. WIECHENS, CPA

VICKY G. WILD, CPA

4345 SOUTHPOINT BLVD., SUITE 100

JACKSONVILLE, FLORIDA 32216

TELEPHONE 904/296-2024

FAX 904/296-0054

gunncocpa@aol.com

July 31, 2000

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Gene Colvin, Vice President of Professional Repair Service, Inc. received your notice for his company's Uniform Business Report fee. He was going to pay his fee when he noticed that your correspondence was a second notice and required a much higher fee. Mr. Colvin never received the first notice as he would have paid that fee as he has in the past.

We respectfully request that you accept our payment of \$150.00 as renewal for Professional Repair Service, Inc.'s annual report. Professional Repair Service, Inc. pays its bills by their due date, but does not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, Professional Repair Service, Inc. and Mr. Colvin had no way of knowing that a payment was due to the State of Florida unless the notice was actually received.

We will review the bank account of Professional Repair Service, Inc. to verify that the payment for \$150.00 has cleared the bank account, and upon that event will conclude that this matter has been satisfactorily handled.

If you have any questions, please do not hesitate to contact me directly.

Yours very truly,

David P. Barley, Sr.

Certified Public Accountant



Members of the American Institute of Certified Public Accountants Private Companies Practice Section

Members of the Florida Institute of Certified Public Accountants