

DOCUMENT # N50328

1. Entity Name

PROFESSIONAL DEVELOPMENT RESOURCES, INC.

Principal Place of Business

9471 BAYMEADOWS RD.
#301
JACKSONVILLE FL 32256
US

Mailing Address

9471 BAYMEADOWS RD.
#301
JACKSONVILLE FL 32256
US

2. Principal Place of Business

4505 Beach Boulevard

Suite, Apt. #, etc.

3. Mailing Address

4505 Beach Boulevard

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3138625

Applied For

Not Applicable

Zip

32207

Country

Zip

32207

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIE, LEO PH.D
9471 BAYMEADOWS ROAD
SUITE 301
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4505 Beach Boulevard

City

Jacksonville

FL

Zip Code

32207

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHRISTIE, LEO
STREET ADDRESS 9471 BAYMEADOWS ROAD, SUITE 301
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE VPST
NAME CHRISTIE, CATHERINE
STREET ADDRESS 9428 BAYMEADOWS RD., SUITE 301
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME HUBBARD, JOAN P.
STREET ADDRESS 3110 SPRING GLEN RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

TITLE D
NAME SYLVIA SCHULTZ
STREET ADDRESS 1128 GREENRIDGE RD.
CITY-ST-ZIP JACKSONVILLE FL

☒ Delete

TITLE D
NAME SCHULTZ, DANIEL J
STREET ADDRESS 1128 GREENRIDGE RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

4505 Beach Boulevard
Jacksonville, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

4505 Beach Boulevard
Jacksonville, FL 32207

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Leo Christie

01/08/01

904-346-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90072 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)