

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90296 033 ****61.25

DOCUMENT # N94000005793

1. Entity Name

PROFNET OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

**3365 OCEAN DRIVE
VERO BEACH FL 32963****3365 OCEAN DRIVE
VERO BEACH FL 32963-1614**

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

59-3283760

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

Name

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

City

FL

Zip Code

**ROSS, DAVID S
3365 OCEAN DRIVE
VERO BEACH FL 32963**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DAWSON, BUDDY	1622 91ST CT	VERO BEACH FL 32966	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	EVANS, KEVIN D	958 20TH PLACE	VERO BEACH FL 32961	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	ROSS, DAVID S	3365 OCEAN DRIVE	VERO BEACH FL 32963	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	OBERLINK, KEVIN A	5727 20TH STREET	VERO BEACH FL 32966	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BANOC, AMY	P.O. BOX 3628 N/A	VERO BEACH FL 32964	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GIFFORD, CHARLES	2331 VERO BEACH, FL	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #