

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90905 026 ****61.25

DOCUMENT # N94000005793

1. Entity Name

PROFNET OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

**1766 20TH AVENUE
 VERO BEACH FL 32960**

**1766 20TH AVENUE
 VERO BEACH FL 32960**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Richard D. Beard
 Street Address (P.O. Box Number is Not Acceptable)
1766 20th Avenue
 City
Vero Beach FL Zip Code
32960

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 **PD SCHLITT, BOB JR** ☐ Delete
 STREET ADDRESS **1717 INDIAN RIVER DRIVE, #302**
 CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE
 NAME **VPD BANOV, AMY** ☐ Delete
 STREET ADDRESS **2855 OCEAN DRIVE, #C-6**
 CITY-ST-ZIP **VERO BEACH FL 32966**

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

TITLE
 NAME **T. WACKER, DIANA** ☐ Delete
 STREET ADDRESS **958 20TH PLACE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE
 NAME **WALKER, DIANA** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S OBERLINK, KEVIN A** ☒ Delete
 STREET ADDRESS **5727 20TH STREET**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE
 NAME **S VICKI L. WILLIAMS** ☐ Change ☒ Addition
 STREET ADDRESS **1676 20th Place**
 CITY-ST-ZIP **Vero Beach, FL 32962**

TITLE
 NAME **D BANOC, AMY** ☒ Delete
 STREET ADDRESS **P.O. BOX 3628 N/A**
 CITY-ST-ZIP **VERO BEACH FL 32964**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D GIFFORD, CHARLES** ☒ Delete
 STREET ADDRESS **2331 VERO BEACH, FL**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE
 NAME **D Stephens, Michael** ☐ Change ☒ Addition
 STREET ADDRESS **210 Old Dixie**
 CITY-ST-ZIP **Vero Beach, FL 32962**

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

1-17-02 561 563-2301

CR2E037 (9/01)

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