

2000 - UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003902

1. Entity Name

STUART CHAPTER OF PROFNET, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 045 ****61.25

Principal Place of Business

2593 HWY A1A
MELBOURNE BEACH FL 32951
US

Mailing Address

2593 HWY A1A
MELBOURNE BEACH FL 32951-2845
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0529137

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROEBKE, NANCY
452 SE GALLEON LANE
PORT ST LUCIE FL 34983

Name

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

City

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

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	<input checked="" type="checkbox"/> Delete
NAME	EMMETT, ROY	
STREET ADDRESS	1025 SW MARTHA DOWNS BLVD #203	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, DONNA	
STREET ADDRESS	1000 S FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISKE, DEBORA	
STREET ADDRESS	3211 NW FEDERAL HWY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LADVE, CHRIS	
STREET ADDRESS	1276 NW FED HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy L Collins	
STREET ADDRESS	3639 NW Federal Highway	
CITY-ST-ZIP	Jensen Beach, Florida 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Ladue	
STREET ADDRESS	1276 NW Federal Highway	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debora Fiske	
STREET ADDRESS	3211 NW Federal Highway	
CITY-ST-ZIP	Jensen Beach, Florida 34957	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Jones	
STREET ADDRESS	9584 South Federal Highway	
CITY-ST-ZIP	Port St Lucie, Florida 34952	
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		

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:

Cindy L. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000

561-692-0021

Date

Daytime Phone #

CR2E037 (9/99)