2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006105

Entity Name: PROFESSIONAL SPECIALISTS INTERNATIONAL, INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
	/ERLINE RD., ON, FL 33433				
Current Mailing Address:			New Mailing A	New Mailing Address:	
	/ERLINE RD., ON, FL 33433				
FEI Number:	31-1646352	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMITH, JOHN C ESQ. 4800 N. FEDERAL HWY.,STE.A-207 BOCA RATON, FL 33431 US			21301 POWERL	FRANKLIN, RONALD D 21301 POWERLINE RD. STE 201 BOCA RATON, FL 33433 US	
The above in the State		ubmits this statement for the pu	rpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: RONALD D. FRANKLIN				04/28/2003	
	Electron	ic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FRANKLIN, RON	LINE RD.,STE.201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WASSERMAN,	LINE RD.,STE.201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MITTELSTADT,	ELP COUNCIL,700 SAND HILL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMS, KEI	ICAL CENTER,BLDG. NUMBER H094	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () JAKAB, IRENE	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RONALD D. FRANKLIN D 04/28/2003

BROOKLINE, MA 02146

City-St-Zip: