

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015584

1. Entity Name  
PROFESSIONAL ENGINEERING SERVICES, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
03-21-2001 90023 043 \*\*\*150.00

Principal Place of Business  
250 INTERNATIONAL PARKWAY #150  
HEATHROW FL 32746

Mailing Address  
250 INTERNATIONAL PARKWAY #150  
HEATHROW FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
300 International Parkway  
Suite, Apt. #, etc.  
Suite 130  
City & State  
Heathrow FL  
Zip  
32746  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
Same  
City & State  
25 new  
Zip  
Country

4. FEI Number  
59-3627396  
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

CHRISTY, GARY J  
250 INTERNATIONAL PARKWAY #150  
HEATHROW FL 32746

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 *Gary J. Christy* DATE 3/12/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CHRISTY, GARY J 250 INTERNATIONAL PARKWAY #150 HEATHROW FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary J. Christy* DATE 3/12/01 407 333 1604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)