

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90183 025 \*\*\*150.00

**DOCUMENT # P00000026132**

1. Entity Name  
**PROFESSIONAL ELECTROLYSIS, INC.**

Principal Place of Business  
**1 FLORIDA PARK DRIVE SOUTH**  
**SUITE #320**  
**PALM COAST FL 32137**

Mailing Address  
**1-FLORIDA PARK DRIVE SOUTH**  
**SUITE #320**  
**PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1030 Palm Coast Parkway**

3. Mailing Address  
**1030 Palm Coast Parkway**

Suite, Apt. #, etc.  
**suite 3**

Suite, Apt. #, etc.  
**suite 3**

City & State  
**Palm Coast, FL**

City & State  
**Palm Coast, FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country  
**32137 U.S.**

Zip Country  
**32137 U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ESPOSITO, CHARLES A**  
**UPCHURCH & ESPOSITO, P.A.**  
**1510 N. PONCE DE LEON**  
**SAINT AUGUSTINE FL 32084**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **PSTD** ☐ Delete  
 NAME **COBB, TRACEY**  
 STREET ADDRESS **49 PINE HAVEN DRIVE**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition  
 NAME **COBB, TRACEY**  
 STREET ADDRESS **19 Buttonwell Ln.**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

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

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

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: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)