

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000032817

1. Entity Name

D&E PROFESSIONAL SERVICE, INC.



FILED
03 MAR -5 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

317 Stillwater Cove

3. Mailing Address

317 Stillwater Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

58-2084560

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONNA JONSSON

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

317 Stillwater Cove

City

DESTIN

FL

Zip Code

32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DD
NAME DONNA JONSSON
STREET ADDRESS 317 Stillwater Cove
CITY-ST-ZIP Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900013542669
03/05/03--01031--005 **150.00

TITLE D
NAME EVERT JONSSON
STREET ADDRESS 317 Stillwater Cove
CITY-ST-ZIP Destin, FL 32541

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVERT JONSSON CFO

3/1/03 850-650-7807

Date

Daytime Phone #

CR2E034B (12/02)