

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90191 050 \*\*\*150.00

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**DOCUMENT # P00000034437**

1. Entity Name  
**J. PAVLIK GOLF PROFESSIONAL, INC.**

Principal Place of Business  
**C/O JAMES PAVLIK**  
**1260 S W BRIARWOOD DRIVE**  
**PORT ST LUCIE FL 34986**

Mailing Address  
**C/O JAMES PAVLIK**  
**1260 S W BRIARWOOD DRIVE**  
**PORT ST LUCIE FL 34986**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0991065**

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

**PAVLIK, JAMES**  
**1260 SW BRIARWOOD DR**  
**PORT SAINT LUCIE FL 34986**

Name **JOSEPH EDGE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O THE TAX SHOPPE**  
**932 SW BAYSHORE BLVD**  
 City **PORT ST LUCIE FL** Zip Code **34983**

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 *James Pavlik*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-25-02**

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, 2002 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 ☐ Delete  
 NAME **PVTS**  
 STREET ADDRESS **PAVLIK, JAMES**  
 CITY-ST-ZIP **1260 SW BRIARWOOD DR**  
**PORT SAINT LUCIE FL 34986**

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-25-02**

CR2E034 (9/01)