

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000074497**1. Entity Name
PROFESSIONAL RESOURCE GROUP OF CENTRAL FLORIDA, INC.Principal Place of Business
124 MCCULLOCH'S ALLEY
EUSTIS FL 32726
Mailing Address
124 MCCULLOCH'S ALLEY
EUSTIS FL 327262. Principal Place of Business
124 MCCULLOCH ALLEY
Suite, Apt. #, etc.
3. Mailing Address
124 MCCULLOCH ALLEY
Suite, Apt. #, etc.City & State
EUSTIS FL
Zip Country
32726
City & State
EUSTIS FL
Zip Country
327264. FEI Number
59-3670521
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCHWARTZ LINDA K
124 MCCULLOCH'S ALLEY
EUSTIS FL 32726**7. Name and Address of New Registered Agent**Name
SCHWARTZ LINDA K
Street Address (P.O. Box Number is Not Acceptable)
124 MCCULLOCH ALLEY
City
EUSTIS FL
Zip Code
32726

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 **LINDA K. SCHWARTZ****05/01/2001**

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

(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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ LINDA	
STREET ADDRESS	2874 ALMEDA DEL NORTE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ LINDA K		
STREET ADDRESS	2874 ALMEDA DEL NORTE		
CITY-ST-ZIP	EUSTIS FL 32726		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Linda K. Schwartz

Pres

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)