

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90193 042 \*\*\*158.75

**DOCUMENT # P00000076504**

1. Entity Name

PROFESSIONAL THERAPEUTICS, INC.

Principal Place of Business

C/O JUPITER LAW CENTER, CHASEWOOD PLAZA  
6390 INDIANTOWN RD. SUITE 30  
JUPITER FL 33458

Mailing Address

C/O JUPITER LAW CENTER, CHASEWOOD PLAZA  
6390 INDIANTOWN RD. SUITE 30  
JUPITER FL 33458

2. Principal Place of Business

415 U.S. Hwy. 1

3. Mailing Address

16185 72<sup>ND</sup> Drive North

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

City & State

Lake Park Florida

City & State

Palm Beach Gardens Florida

Zip

33403

Country

Palm Beach

Zip

33418

Country

Palm Beach

4. FEI Number

65-1051382

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUMSON, RICHARD P

C/O JUPITER LAW CENTER, CHASEWOOD PLAZA

6390 INDIANTOWN RD, SUITE 30

JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Robert W. Buck

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

16185 72<sup>ND</sup> Drive North

City

Palm Beach Gardens

FL

Zip Code

33418

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

Robert W. Buck

2-10-02

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCK, ROBERT W	
STREET ADDRESS	16185 - 72nd Dr. No	
CITY-ST-ZIP	196 PINEWOOD CT JUPITER FL 33458	Palm Beach Gardens FL 33418
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, ROBERT W.	
STREET ADDRESS	16185 - 72nd Drive North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
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:

SIGNATURE REQUIRED

2/10/02 222 - 6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)