

Amend

FILED

03 OCT 31 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000099606**  
1. Entity Name  
**PROFESSIONAL SKYDIVERS, INC.**



Principal Place of Business  
**400 W. AIRPORT DRIVE BLDG. #3  
SEBASTIAN, FL 32958**

Mailing Address  
**400 W. AIRPORT DRIVE BLDG. #3  
SEBASTIAN, FL 32958**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3686236** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRESSE, LYLE  
400 W. AIRPORT DRIVE BLDG. #3  
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent  
Name **Jack R. Ceman**  
Street Address (P.O. Box Number is Not Acceptable) **106 Habersham Drive**  
City **Flagler Beach** FL Zip Code **32136**

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 *Jack R. Ceman* **Jack R. Ceman** 17 Oct 2003  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when venturing)) DATE

FILE NOW!!! FEE IS \$150.00  
After May 15, 2003 Fee will be \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSE, LYLE 400 W. AIRPORT DRIVE BLDG. #3 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jack R Ceman 106 Habersham Dr Flagler Beach, FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lisa Briggs 400 W AIRPORT DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack R. Ceman* **Jack R. Ceman** Oct 17 2003 386 489-5167  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR20034 (10/02)

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10/31/03--01050-003-4451.25

TK