

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

FILED

02 OCT -4 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008285474--2
-10/09/02--01043--002
*****61.25 *****61.25

DOCUMENT # P01000007635

1. Entity Name

Professional Services Team, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1180 Mahogany Mill Rd

3. Mailing Address

1180 Mahogany Mill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola, FL

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Pensacola, FL

4. FEI Number
59-3693352

Applied For
Not Applicable

Zip
32507

Country
U.S.A.

Zip
32507

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Douglas S. Taylor

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

408 Deerpoint Drive

City
Gulf Breeze FL Zip Code
32561

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

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

Douglas S. Taylor

10.02.02

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Vice President,
Secretary, Treasurer, Director
Douglas S. Taylor
408 Deerpoint Drive

Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas S. Taylor (850) 439-1772

10.02.02

Daytime Phone #

CR2E034B (12/01)

js 10/4/02