**FILED** 

May 01, 2003 8:00 am Secretary of State

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

DOCUMENT #

P01000010336

1. Entity Name

PROFESSIONAL SITE WORK, INC.



Principal Place of Business Mailing Address 4965 PALMETTO AVE 4965 NORTH PALMETTO AVENUE SUITE 8 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 338 N. LAKE AVENUE 338 N. AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3693157 APOPKA FLORING Not Applicable \$8.75 Additional 5. Certificate of Status Desired ORANGE 32703 Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent --DHILLIP WILLIAMS SPIEGEL & UTRERA, P.A. (P.O. Box Number is Not Acceptal 343 ALMERIA AVENUE **CORAL GABLES FL 33134** APORKA 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 PHILLIP S. WILLIAMS Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD CR2E034 (10/02) TITLE □ Delete TITLE ☐ Addition WILLIAMS, PHILLIP S NAME NAME 1198 LAZY HOLLOW PLACE 338 N. LAKE AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE HITE F \_\_\_Change\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 application. When 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 application. PHILLIP S. WILLIAMS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

72851DEWT

Change

☐ Addition