

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90307 045 \*\*\*150.00

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DOCUMENT # P01000018147

1. Entity Name  
PROFESSIONAL ENTERPRISES, INC.



Principal Place of Business  
221 LABELLE AVE.  
FT. MYERS FL 33905

Mailing Address  
221 LABELLE AVE.  
FT. MYERS FL 33905



2. Principal Place of Business

3. Mailing Address

1841 Brown Rd.

1841 Brown Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alva, FL

Alva, FL

Zip

Country

Zip

Country

33920

USA

33920

4. FEI Number 65-1084962

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ANN  
221 LABELLE AVE.  
FT. MYERS FL 33905

Name

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

1841 Brown Rd

City

Alva,

FL

Zip Code

33920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 PS  
NAME THOMPSON, DAVID  
STREET ADDRESS 221 LABELLE AVE.  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE  
NAME  
STREET ADDRESS 1841 Brown Rd  
CITY-ST-ZIP Alva, FL 33920

TITLE VPT  
NAME THOMPSON, ANN  
STREET ADDRESS 221 LABELLE AVE.  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE  
NAME  
STREET ADDRESS 1841 Brown Rd  
CITY-ST-ZIP Alva, FL 33920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature of Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-03

CR2E034 (10/02)