

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

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
1841 Brown Rd.
Suite, Apt. #, etc.

3. Mailing Address
1841 Brown Rd
Suite, Apt. #, etc.

City & State
Alva, FL
Zip **33920** Country **USA**

City & State
Alva, FL
Zip **33920** Country

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-1084962** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	PS THOMPSON, DAVID 221 LABELLE AVE. FT. MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1841 Brown Rd Alva, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT THOMPSON, ANN 221 LABELLE AVE. FT. MYERS FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1841 Brown Rd Alva, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Seana Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Daytime Phone #