


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

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90030 002 \*\*\*150.00

DOCUMENT # <u>P01000057291</u>	
1. Entity Name <u>A + m Professionals Inc.</u>	

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44000181

2. Principal Place of Business <u>7407 Hwy 301 S.</u>		3. Mailing Address <u>7407 Hwy 301 S</u>	
Suite, Apt. #, etc. <u>Unit # 200</u>		Suite, Apt. #, etc. <u>Unit # 200</u>	
City & State <u>Riverview FL</u>		City & State <u>Riverview FL</u>	
Zip <u>33569</u>	Country <u>Hillsborough</u>	Zip <u>33569</u>	Country <u>Hillsborough</u>
4. FEI Number <u>59-3735628</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>ANNE Haggerty</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7407 Hwy 301 S. #200</u>	
City <u>Riverview</u>	FL Zip Code <u>33569</u>

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P, V, T, S</u> <u>ANNE HAGGERTY</u> <u>7407 Hwy 301 S. Unit 200</u> <u>Riverview FL 33569</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Haggerty 1/5/03 813 672-9484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)