

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

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90163 033 ***150.00

DOCUMENT # **P01000094239**
1. Entity Name
Professional Services for Better Living, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
514 2nd Street
Suite, Apt. #, etc.
City & State
Neptune Beach, FL
Zip
32266 Country
USA

3. Mailing Address
514 2nd St
Suite, Apt. #, etc.
City & State
Neptune Bch, FL
Zip
32266 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754723
Applied For
Not Applicable

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
Patricia Myers
Street Address (P.O. Box Number is Not Acceptable)
514 2nd Street
City
Neptune Beach **FL** Zip Code
32266

6. 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 **Patricia Myers**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
8-28-02

8. 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**

OFFICERS AND DIRECTORS

NAME STREET ADDRESS CITY-STATE-ZIP	D Myers, Patricia A 514 2nd Street Neptune Beach, FL 32266	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia A. Myers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Myers
828

Date

904-742-6428
Daytime Phone #

Attachment
PO1000094239
124768

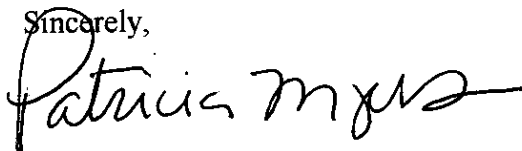
Divisions Of Corporation

To whom it may concern:

I received the enclosed package in August and am now filing as required. I am enclosing my \$150.00 filing fee. The package was delivered to the wrong address and the date the post office tried to deliver it was well after May. Please accept my \$150.00. I was going to just file on line, however after reading the package information, I realized the fee was different and without explanation I would not have a chance to keep my corporation. I have not done anything with it yet, however am planning to begin in January. I was unaware of the UBR and now know what to expect for next year.

My phone number is 904-742-6428, if you need to contact me. Thank you so much for your help.

Sincerely,



Patricia Myers