

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

02 JUL 18 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name *Professional Evaluation & Counseling Service, Inc.*
601000102763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1521 Forest Hill Blvd

Suite, Apt. #, etc.

Suite #1

City & State

W.P.B. FL.

Zip

33406

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1147649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Evelio Pedraza SR

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

1521 Forest Hill Blvd

W.P.B.

City

FL

Zip Code

33406

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Evelio Pedraza SR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. 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**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Evelio Pedraza SR

2590 W. Carandis Rd

W.P.B. FL. 33406

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice-President

Frederick Proseiti

10332 15th CT N.

Jupiter, FL. 33478

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary

Janette Pedraza

2590 W. Carandis Rd

W.P.B. FL. 33406

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

13. 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:

Evelio Pedraza SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)