

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

OPTIONAL AT

05-01-2002 91555 005 \*\*\*150.00

**DOCUMENT # P01000113361**  
**1. Entity Name**  
**PROFESSIONAL COMMUNITY SALON SERVICES, INC.**

**Principal Place of Business**      **Mailing Address**  
**5332 CYPRESS LANE**      **5332 CYPRESS LANE**  
**NAPLES FL 34113**      **NAPLES FL 34113**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**  
**01-0583389**      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SPEECHLY, CLIFFORD S JR.**  
**5332 CYPRESS LANE**  
**NAPLES FL 34113**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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**      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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEECHLY, SHERRI L</b>	NAME	
STREET ADDRESS	<b>5332 CYPRESS LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEECHLY, CLIFFORD S JR.</b>	NAME	
STREET ADDRESS	<b>5332 CYPRESS LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**      **SIGNATURE REQUIRED**      *2/10/02*      *941-370-4837*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)