

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90228 002 ***150.00

DOCUMENT # P02000068434

1. Entity Name
PROFESSIONAL COMMUNITY SERVICES, INC.



Principal Place of Business
**1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

Mailing Address
**1104 N COLLIER BLVD
MARCO ISLAND FL 34145**



2. Principal Place of Business

2310 Della Dr.

3. Mailing Address

P.O. Box 110156

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

30-0113359

Applied For

Not Applicable

Zip

34117

Country

Collier

Zip

34108

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND FL 34145**

Name

William D. White

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

2310 Della Dr.

City

Naples, FL 34117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William D. White

2/13/03

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 **D** ☒ Delete
NAME **GREUSEL, JAMIE B**
STREET ADDRESS **1104 N COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **President/D** ☐ Change ☒ Addition
NAME **clifford Speechly**
STREET ADDRESS **5332 Cypress Lane**
CITY-ST-ZIP **Naples, FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P./D** ☐ Change ☒ Addition
NAME **William D. White**
STREET ADDRESS **2310 Della Dr.**
CITY-ST-ZIP **Naples, FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition
NAME **Cynthia Desmond-White**
STREET ADDRESS **2310 Della Dr.**
CITY-ST-ZIP **Naples, FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Change ☒ Addition
NAME **Sherri Speechly**
STREET ADDRESS **5332 Cypress Lane**
CITY-ST-ZIP **Naples, FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William D. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 239-352-6780

Date

Daytime Phone #

CR2E034 (10/02)