

**FILED**  
**Jul 01, 2003 8:00 am**  
**Secretary of State**


05-15-2003 90114 017 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT #** P02000083853 L

1. Entity Name  
**PROFESSIONAL CAPITAL INC.**



Principal Place of Business 560 YARDARM LANE LONGBOAT KEY FL 34228	Mailing Address 560 YARDARM LANE LONGBOAT KEY FL 34228
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2. Principal Place of Business <b>29 AVENUE OF THE FLOWERS</b>	3. Mailing Address <b>29 AVENUE OF THE FLOWERS</b>
Suite, Apt. #, etc. <b>103</b>	Suite, Apt. #, etc. <b>103</b>

City & State <b>LONGBOAT KEY FL</b>	City & State <b>LONGBOAT KEY FL</b>	4. FEI Number <b>04-3707595</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>34228</b>	Country <b>USA</b>	Zip <b>34228</b>	Country <b>USA</b>



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC**  
**3953 W2.W. KELLEY ROAD**  
**TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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

SIGNATURE *[Signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; DIRECTOR</b> <b>PETER CLEVER</b> <b>29 AVENUE OF THE FLOWERS #103</b> <b>LONGBOAT KEY FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: *[Signature]* **RECEIVED CLEVER** **FL 17/03** **941-320-9263**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #