

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)**

5/

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
--	--

2. Principal Place of Business 29 AVENUE OF THE FLOWERS	3. Mailing Address 29 AVENUE OF THE FLOWERS
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103

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



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	PRESIDENT & DIRECTOR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETER CLEVER			NAME			
STREET ADDRESS	29 AVENUE OF THE FLOWERS #103			STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL 34228			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			

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

CR2E034 (10/02)