

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90079 004 ***158.75

DOCUMENT # P02000086714

1. Entity Name
PROFESSIONAL BUILDING SERVICES, INC.



Principal Place of Business
1415 E. SPRING RIDGE CIRCLE
WINTER GARDEN FL 34787

Mailing Address
1415 E. SPRING RIDGE CIRCLE
WINTER GARDEN FL 34787

2. Principal Place of Business
519 CLYDE AVENUE SOUTH
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
KISSIMMEE, FLORIDA

City & State

4. FEI Number
05-0528463

Applied For
Not Applicable

Zip
34741

Country
USA

Zip

Country
USA

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

MCKEON, WILLIAM A
631 S. DILLARD STREET
WINTER GARDEN FL 34787

Name
N/A

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

N/A

City
N/A

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 A. MCKEON JR. P/D 9/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
D. MCKEON, WILLIAM A
519 CLYDE AVENUE SOUTH
KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. PITKUS, MARK A
1415 E. SPRING RIDGE CIRCLE
WINTER GARDEN FL 34787 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 A. MCKEON JR. P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/09/03 402.645.8524
Date Daytime Phone #

CR2E034 (4/03)

Attachment

NOTES NOTES/NOTAS

80147446

PD2000086714

TO WHOM IT MAY CONCERN,
DIVISION OF CORPORATIONS

I DID NOT RECIEVE THE ^(FIRST) INITIAL VBR FORM
FOR 2003 DUE TO CHANGE OF ADRESS. I AM STRONGLY
ASKING FOR A WAIVE OF THE LATE FEE; I AM ALSO ENGLISING
A CHECK FOR \$150.00 + \$75. "CERTIFICATE OF STATUS FOR A TOTAL
OF \$158.75. THANK YOU IN ADVANCE FOR YOUR CONSIDERATION.

SINCERELY,

(PROFESSIONAL BILLING SERVICES INC) WILLIAM A. MCKEON
PO2000086714

DAYTIME # 407-645-8524 (PAGER)

NOT THE SAME WILLIAM MCKEON OF GATORLAND DEVELOPMENT
I'm HIS SON