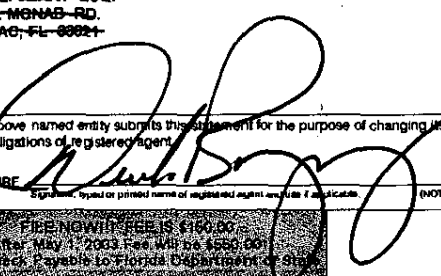
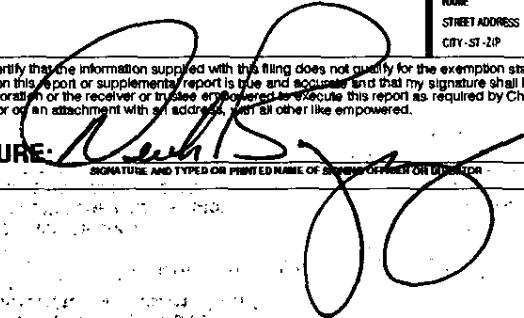


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90097 038 ***150.00

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

DOCUMENT # P02000111104		
1. Entity Name PROFESSIONAL GUARDIANSHIP SERVICES, INC.		
Principal Place of Business 111 LAKE EMERALD DR., #109 OAKLAND PARK, FL 33309		Mailing Address 111 LAKE EMERALD DR., #109 OAKLAND PARK, FL 33309
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number APPLIED FOR		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHN L. JERRY-SG. 9944 W. MONAS RD. TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name DEREK J. BYERLY Street Address (P.O. Box Number is Not Acceptable) 111 LAKE EMERALD DR. #109 City OAKLAND PARK FL Zip Code 33309
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 		DATE 4-30-05
FILING FEE: \$150.00 After May 1, 2003 Fee will be \$200.00 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	PD BYERLY, DEREK J 111 LAKE EMERALD DR., #109 OAKLAND PARK, FL 33309 ☐ 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 of an attachment with an address, with all other like empowered.		
SIGNATURE 		DATE 4-30-03

CFR2034 (10/02)