

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2000 8:00 am**
Secretary of State

01-28-2000 90147 026 ***158.75

DOCUMENT # P92000007510

1. Entity Name

NATIONAL PROFESSIONS, INC.

Principal Place of Business	Mailing Address
401 W LANTANA RD STE 10 LANTANA FL 33462 US	401 W LANTANA RD STD 10 LANTANA FL 33462-1735 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0032839**Applied For
Not Applicable

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

MCSWIGAN, JAMES A
401 W LANTANA RD, STE 10
LANTANA FL 33462

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST	MCSWIGAN, JAMES	1362 CREST DR. LAKE WORTH FL 33461	

TITLE	DP	MCSWIGAN, BRENDA J	1362 CREST DR LAKE WORTH FL	<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Add
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Add
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Add
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00 BRENDA J. MCSWIGAN 561-585-1111