

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013835

## 1. Entity Name

PROFESSIONAL ACCOUNTING, INC.

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90072 018 \*\*\*150.00

0046943  
AV

Principal Place of Business  
741 NORTH BAY DR  
LYNN HAVEN FL 32444  
US

Mailing Address  
P O BOX 1380  
LYNN HAVEN FL 32444  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3221663

Applied For  
Not Applicable5. 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

HARDEE, CANDACE R  
741 NORTH BAY DR  
LYNN HAVEN FL 32444

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, 2002 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME HARDEE, CANDACE R  
STREET ADDRESS 741 NORTH BAY DR  
CITY-ST-ZIP LYNN HAVEN FL 32444

 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

 Change  Addition

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: Candace Hardee CANDACE HARDEE 040102 (850)271-0680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EE34 (9/01)