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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052389

1. Entity Name

Professional Business Advisory Group, Inc.

FILED

03 AUG -4 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
371 MENASHE CT.	371 MENASHE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country: US	Zip: 32779 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: NANCY KASTNER

Street Address (P.O. Box Number is Not Acceptable): 371 MENASHE CT.

City: LONGWOOD FL Zip Code: 32779

DO NOT WRITE IN THIS SPACE

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] 7/30/03

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	(P) NANCY K. KASTNER 371 MENASHE CT. LONGWOOD, FL 32779
	(V) KEVIN H. KASTNER 371 MENASHE CT. LONGWOOD, FL 32779

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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PBA

Professional Business Advisory Group, Inc.

• Business and Finance Advisors •

Please be advised that in 1998 I was using an attorney as my registered agent. He had since moved + no longer handles my business. I did not realize my Corp was inactive, because I never received the UBR Form.

Please consider waiving my re activation fee and accept a check in the amount of $900.

Sincerely,

317 Menashe Court • Longwood, Florida 32779 • Phone (407) 774-0739 • Fax (407) 774-0681