## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P94000084319 PROFESSIONAL DESIGN ASSOCIATES, INC. 03-26-2001 90148 036 \*\*\*150.00 Principal Place of Business Mailing Address 3165 MCCRORY PLACE 3165 MCCRORY PLACE **STE 100 STE 100** ORLANDO FL 32803 ORLANDO FL 32803 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3281866 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PICKERT, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 201 E PINE ST STE: 710 800 SOUTH ORLANDO AUBNUE ORLANDO-FL-32801 Zip Code 3 2 75 / 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PISID **X** Change Addition TITLE ☐ Delete TITLE NAME CANTU, BOB NAME 3165 MCCROLY PLACE, SUITE 100 STREET ADDRESS STREET ADDRESS 51-W-WASHINGTON ST ORLAHDO, FI 32803 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete TITLE TITLE NAME NAME KOWALSKI, RONALD J 3165 MCCROLY PLACE, SUITE 100 OLLANDO, FI 32803 STREET ADDRESS STREET ADDRESS 51-W WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL-32801 TITLE ☐ Delete TITLE KEUIN D KRAHER NAME NAME 3165 MCCRORY PLACE, SUITE 100 STREET ADDRESS STREET ADDRESS ORCANDO FI. 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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. (RONALO J KOWAISKI) 3/23/0/ 407-898-1530 SIGNATURE: 2 Deile SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

CITY-ST-ZIP