

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90035 026 ***158.75

DOCUMENT # P95000019110

1. Entity Name

PROFESSIONAL FINANCIAL MANAGEMENT, INC.

Principal Place of Business

9476 LONGMEADOW CIR
 BOYNTON BEACH FL 33436
 US

Mailing Address

9476 LONGMEADOW CIR
 BOYNTON BEACH FL 33436-3119
 US

2. Principal Place of Business

4340 NW 63rd AVE
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 670158
 Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip 33067

Country US

City & State

Coral Springs FL

Zip 33067

Country USA

4. FEI Number

65-0568239

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVERONI, JOHN M

7. Name and Address of New Registered Agent

Name John M Leveroni (President)

Street Address (P.O. Box Number is Not Acceptable)

4340 NW 63rd AVE

City

Coral Springs

FL

Zip Code

33067

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVERONI, JOHN M	
STREET ADDRESS	9476 LONGMEADOW CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUCOAT, BRADLEY A	
STREET ADDRESS	9476 LONGMEADOW CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

John M Leveroni

President

2/29/2000

Date

954 757-7957

Daytime Phone #

CR-0034 (9/99)