

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000026056****1. Entity Name**  
**PC PROFESSOR OF FLORIDA, INC.****Principal Place of Business****Mailing Address****1242 TIMBERLANE RD.  
TALLAHASSEE FL 32312****1242 TIMBERLANE RD.  
TALLAHASSEE FL 32312****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 59-3305199**

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****FERNBACH, SCOTT M  
1242 TIMBERLINE ROAD  
TALLAHASSEE FL 32312**

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	
NAME	<b>FERNBACH, SCOTT</b>	NAME	
STREET ADDRESS	<b>1242 TIMBERLANE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

**Scott Fernbach**

Date

**1/03/01**

Daytime Phone #

**8506684090****FILED****Jan 08, 2001 8:00 am  
Secretary of State**

01-08-2001 90011 014 \*\*\*150.00

**80000188**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)