

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041591

1. Entity Name

PROFESSIONAL FORVM ENTERPRISES, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90376 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1208 NORTH MILLS AVENUE  
ORLANDO FL 32803

1208 NORTH MILLS AVENUE  
ORLANDO FL 32803-2555

2. Principal Place of Business

1100 Montana St

3. Mailing Address

1100 Montana St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3318999

Applied For

Not Applicable

Zip

32803

Country

US

Zip

32803

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREWER, JOHN W III  
1208 NORTH MILLS AVENUE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

1100 Montana St.

City Orlando

FL

Zip Code

32803

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 CD  
NAME NOCERO, MICHAEL A JR M.D.  
STREET ADDRESS 103 SATSUMA DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE PD  
NAME BREWER, JOHN W III  
STREET ADDRESS 101 CAMPHOR TREE LN  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*John W. Brewer III*

John W. Brewer III 4-25-00 407-206-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)