

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003224

1. Entity Name
PROFESSIONAL BUSINESS PARTNERS INC.

Principal Place of Business

1857 WELLS RD
STE 1
ORANGE PARK FL 32073
US

Mailing Address

661 BLANDING BLVD
PMB 368
ORANGE PARK FL 32073
US

2. Principal Place of Business

Suite, Apt. #, etc.

1

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

POWELL, SANDRA K
3314 SEQUOIA RD
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

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 *Sandra K Powell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS
NAME POWELL, RICHARD A
STREET ADDRESS 3314 SEQUOIA ROAD
CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete

TITLE VPD
NAME THOSTESON, COLLEEN G
STREET ADDRESS RT 1 BOX 219B
CITY-ST-ZIP COLUMBIA AL 36319 ☒ 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 VP OPERATIONS
NAME LEAH M. POWELL
STREET ADDRESS 1776 CHALLENGER AVE.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☒ Addition

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

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:

Sandra K Powell REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2000

Date

904-278-8894

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90005 005 ***558.75



DO NOT WRITE IN THIS SPACE

CP2E034 (5/00)