

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003224

1. Entity Name  
PROFESSIONAL BUSINESS PARTNERS INC.

**FILED**  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90009 005 \*\*\*550.00

Principal Place of Business

1857 WELLS RD  
STE 1  
ORANGE PARK FL 32073  
US

Mailing Address

601 BLANDING BLVD 1857 WELLS RD  
PMB 368 STE 1  
ORANGE PARK FL 32073  
US

2. Principal Place of Business

Suite, Apt. #, etc.  
SUITE 1

City & State

Zip Country

3. Mailing Address

1857 WELLS RD

Suite, Apt. #, etc.  
SUITE 1

City & State  
ORANGE PARK, FL

Zip Country  
32073 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3358005

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 POWELL, LEAH M.  
Street Address (P.O. Box Number is Not Acceptable)  
1776 CHALLENGER ROAD  
City JACKSONVILLE FL Zip 32205

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 \$550.00**  
**After September 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PS POWELL, RICHARD A 3314 SEQUOIA ROAD ORANGE PARK FL 32065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOSTESON, COLLEEN G RT 1 BOX 219B COLUMBIA AL 36319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S POWELL, LEAH M 1776 CHALLENGER ROAD JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Signature Required**

Date 7/12/01 Phone # 904-278-8894

CR2E034 (5/01)