

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000003224

**FILED**  
**Jul 02, 2014**  
**Secretary of State**

**Entity Name:** PROFESSIONAL BUSINESS PARTNERS INC.

**Current Principal Place of Business:**

1857 WELLS RD  
STE 1  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

528 LISA KAREN CIRCLE  
OPOPKA, FL 32712 US

**Current Mailing Address:**

1857 WELLS RD  
STE 1  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 59-3358005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, RICHARD A  
1857 WELLS ROAD, STE. 1B  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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: RICHARD POWELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POWELL, RICHARD A  
Address: 1313 WOLFE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: COO  
Name: MONTEZ, ANTONIO  
Address: 528 LISA KAREN CIRCLE  
City-St-Zip: OPOPKA, FL 32712

Title: VP  
Name: JACQUES, FRANCIS  
Address: 528 LISA KAREN CIRCLE  
City-St-Zip: OPOPKA, FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD POWELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

07/02/2014

\_\_\_\_\_  
Date