

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90394 019 \*\*\*150.00

**DOCUMENT # P96000010826**

**1. Entity Name**  
**PROFESSIONAL LINE SERVICE, INC.**



**Principal Place of Business**  
**1065 S.W. 15TH AVE.**  
**BAY #4**  
**DELRAY BEACH FL 33444**

**Mailing Address**  
**1065 S.W. 15TH AVE.**  
**BAY #4**  
**DELRAY BEACH FL 33444**

**2. Principal Place of Business**

**292 Bryan Road**

**3. Mailing Address**

**292 Bryan Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**DANIA, FL**

**City & State**  
**Dania, FL**

**Zip**  
**33004**

**Country**  
**US**

**Zip**  
**33004**

**Country**  
**US**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0639397**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DEPERRO, DARRA**  
**3670 C VILLAGE DR**  
**DELRAY FL 33445**

**7. Name and Address of New Registered Agent**

**Name** **DARRA DEPERRO**

**Street Address (P.O. Box Number is Not Acceptable)**  
**1020 SW 14 TRK.**

**City** **Ft Lauderdale**

**FL**

**Zip Code** **33312**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **DE PERRO, DARRA**  
**STREET ADDRESS** **3670 C VILLAGE DR**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33445**

**TITLE** **VP** ☐ Delete  
**NAME** **DE PERRO, MARLENE**  
**STREET ADDRESS** **6150 NW 76 CT**  
**CITY-ST-ZIP** **PARKLAND FL 33067**

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P.** ☒ Change ☐ Addition  
**NAME** **DARRA DEPERRO**  
**STREET ADDRESS** **1020 SW 14 TRK.**  
**CITY-ST-ZIP** **Ft Lauderdale, FL 33312**

**TITLE** \_\_\_\_\_ ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** DARRA DEPERRO  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)