FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91010 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019563

1. Entity Name
PROFESSIONAL SPECIALISTS INC.

Principal Place of Business	Mailing Address
~~342 TRUE PL.~~ ~~LAKE MARY, FL 32746~~	342 TRUE PL. LAKE MARY, FL 32746

2. Principal Place of Business	3. Mailing Address
156 Big OAK Bend	156 Big OAK Bend
Suite, Apt. #, etc. Chuluota	Suite, Apt. #, etc. Chuluota
City & State Florida	City & State Fl
Zip 32766 Country Seminole	Zip 32766 Country Seminole

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3369027 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DIX, STEVEN E
~~342 TRUE PL.~~
~~LAKE MARY, FL 32746~~

7. Name and Address of New Registered Agent

Name Steven E. Dix
Street Address (P.O. Box Number Is Not Acceptable) 156 Big Oak Bend
~~Chuluota~~ Fl
City Chuluota **FL** Zip Code 32766

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 Laura S. Dix 4/29/04
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIX, STEVEN E		NAME		
STREET ADDRESS	~~342 TRUE PL~~		STREET ADDRESS		
CITY-ST-ZIP	~~LAKE MARY, FL 32746~~		CITY-ST-ZIP		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIX, LAURA S		NAME		
STREET ADDRESS	~~342 TRUE PL~~		STREET ADDRESS		
CITY-ST-ZIP	~~LAKE MARY, FL 32746~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Laura S. Dix 4/29/03 407 (672-1620) Ext 136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #