## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000066773

1. Entity Name

PROFESSIONAL ADVISORY GROUP INTERNATIONAL, INC.



01-27-2003 90235 030 \*\*\*158.75

FILED Jan 27, 2003 8:00 am Secretary of State

Principal Place of Business 2287 W. EAU GALLIE BLVD.. SUITE B MELBOURNE FL 32935 Mailing Address

2287 W. EAU GALLIE BLVD., SUITE B

MELBOURNE FL 32935

2. Principal P	lace of Busin	3. Mailing Address					1 1001/001 210 141/10 01/11 00/11 04/12 04/11 88/1	<b>5 6</b> 111 <b>16 6</b> 1151 1 <b>8 6</b> 11	<b>                                    </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				<b>4</b> . F	FEI Number <b>59-3381043</b>	<u> </u>	oplied For ot Applicable		
Zip	-	Country	Zip Cou			try	5. (	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
FRESE, GARY B ESQ						Street Address (P.O. Box Number is Not Acceptable)					
FREESE, NASH & TORPY, P.A.						Sheet Address (n.e. box Northber is Not Acceptable)					
930 S HARBOR CITY BLVD STE. 505								•			
MELBOURNE FL 32901								<del> </del>			
MELDOURINE FL 32901						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 Fiorida. 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											
	Signature, typed	or printed name of registered agent a	nd title if applica	ble. (NOTI	E: Registere	d Agent signature rec	quired when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10.		OFFICERS AND (	DIRECTORS	r	11.		AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE	DPST			☐ Delete	TITLE	:			☐ Change	Addition	
NAME	HUFF, GE				NAM	E				_	
STREET ADDRESS				,		ET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32935			CIT		-ST-ZIP					
TITLE	DVEP-			Delete	TITLE	:			☐ Change	☐ Addition	
NAME	HIGGINS,	ROBERT		•	NAM	E					
STREET ADDRESS					ET ADDRESS				ĺ		
CITY-ST-ZIP	MELBOUR	NE FL 32935			CITY	-ST-ZIP					
TITLE		en e		Delete	TITLE			فيستم المناه المتلائم والمتلامية والمتلاء والمتلا المتلامية والمتلامة المتلامة والمتلامة والمتلا	☐ Change	☐ Addition	
NAME					NAMI	E				i	
STREET ADDRESS					STRE	ET ADDRESS				İ	
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE		. :		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME					NAMI	E .					
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
TITLE				☐ Delete	TITLE	_			Change	Addition	
NAME					NAM						
STREET ADDRESS					STRE	ET ADDRESS				Ì	
CITY-ST-ZIP					CITY-	·ST-ZIP				{	
TITLE		2 :		☐ Delete	. JITLE				☐: Change	☐ Addition	
NAME	. 1 2 41	THE SHIP SHE AS	<b>算を必り来、♡</b>	THE RESERVE WHEN		. 4 75 5 14 74 37	*******	a C to 1 c to 10 电达 6 to 17	w· *	_	
STREET ADDRESS		*	_		ŞTRE	ET ADDRESS					

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 receive or trustee empowered 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 once like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

James 24, 2003

CR2E034 (10/02