

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071168

1. Entity Name

PROFESSIONAL SOLUTIONS OF FLORIDA, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90038 041 ***150.00

Principal Place of Business

5070 MA-1-A
SUITE 205
VERO BEACH FL 32963
US

Mailing Address

PO BOX 3720
VERO BEACH FL 32964

2. Principal Place of Business

1432 21ST STREET
SUITE F

3. Mailing Address

1432 21ST STREET
SUITE F

City & State

VERO BEACH, FLA.
Zip 32960 Country US

City & State

VERO BEACH, FLA.
Zip 32960 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0676497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATCH, IRA C
1701 A-1-A
SUITE 220
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MICHAEL	
STREET ADDRESS	4900 NEWPORT ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, JOHN F.	
STREET ADDRESS	4857 NEWPORT ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS MOUTSOS	
STREET ADDRESS	1432 21 ST ST.	
CITY-ST-ZIP	VERO BEACH, FLA	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE WALMSLEY	
STREET ADDRESS	1432 21 ST ST.	
CITY-ST-ZIP	VERO BEACH, FLA.	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTY WELLS	
STREET ADDRESS	1432 21 ST ST.	
CITY-ST-ZIP	VERO BEACH, FLA.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2000 561563-8016
Date Daytime Phone #

CR2E034 (9/99)