

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90060 039 \*\*\*150.00

0431708

DOCUMENT # P96000087633

1. Entity Name

PROFESSIONAL FINANCIAL STRATEGIES, INC.

Principal Place of Business

715 E OAK ST  
KISSIMMEE FL 34744  
US

Mailing Address

715 E OAK ST  
KISSIMMEE FL 34744  
US

700000

2. Principal Place of Business

707 Mabbette St.

Suite, Apt. #, etc.

3. Mailing Address

707 Mabbette St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

Zip

34741

Country

City & State

Kissimmee, FL

Zip

34741

Country

4. FEI Number

59-3407933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLUM, L. DAVID  
715 EAST OAK STREET  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

707 Mabbette St.

City

Kissimmee

FL

Zip Code

34741

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

*L. David Gillum*

4-16-01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GILLUM, DAVID	
STREET ADDRESS	715 EAST OAK ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENRY, SHARON	
STREET ADDRESS	715 E OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	707 Mabbette St.	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	707 Mabbette St.	
CITY-ST-ZIP	Kissimmee, FL 34741	
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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sharon Henry* Sharon Henry

Date

4-16-01

Daytime Phone #

407-933-4277

CR2E034 (10/00)