

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092699

1. Entity Name

PROFESSIONAL WELLPOINTING, INC.

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90141 037 \*\*\*150.00

Principal Place of Business

337 BAY ST  
AUBURNDALE FL 33823  
US

Mailing Address

337 BAY ST  
AUBURNDALE FL 33823  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3407660

Applied For

Not Applicable

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

UTTERBACK, ROBERT JR  
337 BAY ST  
AUBURNDALE FL 33823

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

*Robert W. Utterback Jr Pres.*

(NOTE: Registered Agent signature required when reinstating)

*Robert W. Utterback Jr Pres 2-4-2001*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME UTTERBACK, ROBERT JR ☐ Delete  
STREET ADDRESS 337 BAY ST  
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME UTTERBACK, ROBERT W SR. ☐ Delete  
STREET ADDRESS FLORA RD.  
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME UTTERBACK, TIMOTHY M ☐ Delete  
STREET ADDRESS 4805 67TH ST. N.  
CITY-ST-ZIP ST. PETE. FL 33709

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert W. Utterback Jr Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert W. Utterback Jr Pres 2-4-2001*

Date

Daytime Phone #

863-967-4328

CR2E034 (10/00)