2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096902

1. Entity Name

PROFESSIONAL SUPPORT SPECIALISTS INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90105 032 ***150.00

Principal Place of Business	Mailing Address
... VILLA POINT STE. 114 ... FL 32810	8624 VILLA POINT STE. 114 ORLANDO FL 32810-2114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3208C E. Colonial Dr.	3208C E. Colonial Dr.
Suite, Apt. #, etc. Suite 124	Suite, Apt. #, etc. Suite 124
City & State Orlando, FL	City & State Orlando, FL
Zip 32803 Country	Zip 32803 Country

4. FEI Number 59-3411254 ☐ 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
DEREA, LISA C 8624 VILLA POINT STE. 114 ORLANDO FL 32810	Name Street Address (P.O. Box Number is Not Acceptable) 3208C E. Colonial Dr. Suite 124 City Orlando FL Zip Code 32803

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]
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DEREA, LISA C 8624 VILLA POINT ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3208 C E. Colonial Dr. #124 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Lisa C. DeRea 2/25/00 407-475-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #