

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90056 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000013941

1. Entity Name

Professional Call Centers, Inc

Principal Place of Business

Mailing Address

6141 Meers Court
Clearwater, FL 33760

2. Principal Place of Business

13575 58th Street North

3. Mailing Address

13575 58th Street North

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33760

Country

USA

Zip

33760

Country

USA

4. FBI Number

39-3432194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Michael E. Little, Esq.
911 Chestnut Street
Clearwater, FL 33756

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 date 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)

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10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ed Kohlischreiber
6141 Meers Court
Clearwater, FL 33760

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13575 58th Street N, Suite 180
Clearwater, FL 33760

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

5/1/01 (727) 507 9400

Date

Daytime Phone #

CR2004 (11/00)