

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P97000040709	
1. Entity Name	
Professional Placements Inc	

FILED
09 MAY 28 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 Belle Terra Pke 200-326 Suite, Apt. #, etc.		3. Mailing Address 800 Belle Terra Pky Suite, Apt. #, etc.	
City & State Palm Coast, FL		City & State Palm Coast FL 32164	
Zip 33442-9413	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Gendra Sennello	
	Street Address (P.O. Box Number is Not Acceptable) 800 Belle Terre Pky, 200 #326 Palm Coast 32164	
	City FL	Zip Code 32164

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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gendra Sennello, PRES. Gendra Sennello* **DATE** 4/26/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Pres.	Gendra Sennello	800 Belle Terra Pky Palm Coast, FL 32164		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gendra Sennello, Pres.* **DATE** 4/26/09 **Daytime Phone #** 386-246-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR