

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047999

1. Entity Name

PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90207 002 \*\*\*158.75

Principal Place of Business

Mailing Address

104535 OVERSEAS HWY  
KEY LARGO FL 33037

104535 OVERSEAS HWY  
KEY LARGO FL 33037-2563

703699

2. Principal Place of Business

3. Mailing Address

7791 Sunshine Hill Road  
Suite, Apt. #, etc.

7791 Sunshine Hill Rd  
Suite, Apt. #, etc.

City & State MOLINO FL

City & State MOLINO FL

4. FEI Number

65-0757952

Applied For

Not Applicable

Zip

Country

Zip

Country

32577

ESCAMBIA

32577

ESCAMBIA

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

STOKES, CHARLOU  
7 HARBOR DR.  
KEY LARGO FL 33037

Name CHARLOU STOKES WILLIAMS

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

7791 Sunshine Hill Road

City

MOLINO

FL

Zip Code

32577

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 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 PD ☐ Delete  
NAME STOKES, CHARLOU  
STREET ADDRESS 7 HARBOR DR.  
CITY-ST-ZIP KEY WEST FL 33037

TITLE ☒ Change ☐ Addition  
NAME CHARLOU STOKES WILLIAMS  
STREET ADDRESS 7791 SUNSHINE HILL ROAD  
CITY-ST-ZIP MOLINO FL 32577

TITLE STD ☐ Delete  
NAME WILLIAMS, ANTHONY R  
STREET ADDRESS 7 HARBOR DRIVE  
CITY-ST-ZIP KEY WEST FL 33037

TITLE ☒ Change ☐ Addition  
NAME ANTHONY R. WILLIAMS  
STREET ADDRESS 7791 SUNSHINE HILL ROAD  
CITY-ST-ZIP MOLINO FL 32577

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

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, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-261-0110

0110