

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90141 032 ***150.00

DOCUMENT # P97000047999

1. Entity Name

Professional Services of South FL Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

708 Copper Ridge Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 883

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CANTONMENT FL

City & State

CANTONMENT FL

4. FEI Number

65-0257952

Applied For

Not Applicable

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLOU WILLIAMS

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

708 Copper Ridge Dr

City

CANTONMENT

FL

Zip Code

32533

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT - DIRECTOR
CHARLOU WILLIAMS
708 COPPER RIDGE DR
CANTONMENT FL 32533

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SEC - TREAS - DIRECTOR
ANTHONY R. WILLIAMS
708 COPPER RIDGE DR
CANTONMENT FL 32533

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)