

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90392 039 ***150.00

DOCUMENT # P97000054107

1. Entity Name

PROFESSIONAL INTERMEDIARIES, INC.

Principal Place of Business

**1325 SOUTH CONGRESS AVENUE
 SUITE 206
 BOYNTON BEACH FL 33426
 US**

Mailing Address

**1325 SOUTH CONGRESS AVENUE
 SUITE 206
 BOYNTON BEACH FL 33426
 US**

2. Principal Place of Business

4315 Caryota Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, Fl.

City & State

4. FEI Number

65-0743136

Applied For

Not Applicable

Zip

Country

33436

USA

Zip

Country

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

**SCHLOSSBERG, BERNARD
 9900 W. SAMPLE ROAD
 SUITE 318
 CORAL SPRINGS FL 33065**

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 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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DOUGAN, JOHN A**
 CITY-ST-ZIP **10 ASPEN COURT
 BOYNTON BEACH FL 33436**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4315 Caryota Drive**
 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A Dougan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/01 561-725-9300

CR2E034 (10/00)