

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90048 036 ***150.00

DOCUMENT # P97000086758

1. Entity Name

PROFESSIONAL IMPROVEMENT CORP

Principal Place of Business

Mailing Address

614 CONCORD ST.
PALM BAY FL 32907

~~614 CONCORD ST.~~ 1510 Andrus Ave S
PALM BAY FL 32909-6632

0031865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1510 Andrus Ave SE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

4. FEI Number

59-3482000

Applied For

Not Applicable

Zip

Country

32909

Bevard

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

GENTILE, STEPHEN A
614 CONCORD ST.
PALM BAY FL 32907

Name

Gentile Stephen A

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

1510 Andrus Ave SE

City

Palm Bay

FL

Zip Code

32909

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

Stephen A Gentile

2-10-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GENTILE, STEPHEN A
614 CONCORD ST.
PALM BAY FL 32907

☒ Delete
moved
to 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Professional Improvement
Gentile Stephen A
1510 Andrus Ave SE.
Palm Bay FL 32909

☒ Change ☐ Addition

TITLE
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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)(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:

Signature Required
Signature and typed or printed name of signing officer or director

2-10-00

Date

407. 723 8222

Daytime Phone #