

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088405

1. Entity Name

PROFESSIONAL DOMESTICS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90094 019 ***150.00

Principal Place of Business

Mailing Address

1120 BEVILLE ROAD
SUITE F
DAYTONA BEACH FL 32114
US

1120 BEVILLE ROAD
SUITE F
DAYTONA BEACH FL 32124-6753
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2090 S Nova Rd

1648 Taylor Rd.

Suite, Apt. #, etc.
Suite AA12

Suite, Apt. #, etc.
Suite 302

City & State
S. Daytona Bch, FL

City & State
Port Orange, FL

Zip
32114

Country
USA

Zip
32124

Country
USA

4. FEI Number 59-3472534

Applied For
Not Applicable

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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: *Sherry L. Kane President*

04/06/00

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
PSTD
KANE, SHERRY
1120 BEVILLE ROAD, SUITE F
DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
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: *Sherry Kane* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00 904-763-1663

Date

Daytime Phone #

CR2E034 (9/99)