

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90028 019 \*\*\*150.00

**DOCUMENT # P98000045965**

1. Entity Name  
**PROFESSIONAL STRATEGY OPTIONS, INC.**

Principal Place of Business  
**1000 RIVERSIDE AVE. STE 400**  
**JACKSONVILLE FL 32204**

Mailing Address  
**1000 RIVERSIDE AVE. STE 400**  
**JACKSONVILLE FL 32204**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**225 Water Street**  
 Suite, Apt. #, etc.

City & State

**Suite 1400**  
 City & State  
**Jacksonville, Florida**

4. FEI Number **59-3520016**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**32202 USA**

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**

**COWN, ROBERTA G**  
**225 WATER ST**  
**STE 1400**  
**JACKSONVILLE FL 32202**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	DV BYERS, JOHN R 225 WATER ST STE 1400 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUELLER, MARKUS 9716 SAN JOSE BLVD, STE 200 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORPE, KIM D 225 WATER ST STE 1400 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARKS, PEGGY A 225 WATER ST STE 1400 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Mueller, Markus 700 Central Parkway Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cown, Roberta Goes 225 Water Street, Suite 1400 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Peggy A. Parks PEGGY A. PARKS 1/18/02 (904) 354-2482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment Document #

FPIC INSURANCE GROUP, INC.

P98000045965

319382

January 31, 2002

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: Professional Strategy Options, Inc. (P98000045965)

Dear Sir/Madam:

Enclosed for filing is the 2002 Uniform Business Report for Professional Strategy Options, Inc., together with our check in the amount of \$150.00 representing the required filing fee.

Please call me if you have any questions.

Sincerely,

*Peggy Parks*

Peggy Parks  
Assistant Secretary/  
Director of Paralegal Services

Enclosure (Check No. 018180)