

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064423

1. Entity Name
PROFESSIONAL REAL ESTATE SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90081 022 ***150.00

Principal Place of Business
3149 N. PONCE DE LEON BLVD.,STE.9
ST. AUGUSTINE FL 32084

Mailing Address
3149 N. PONCE DE LEON BLVD.,STE.9
ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3526624**

Applied For

Not Applicable

Zip

Country

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

PETTY, ELIZABETH A
3149 N. PONCE DE LEON BLVD.,STE.9
ST. AUGUSTINE FL 32084

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 PD ☐ Delete
NAME BROWNING, VIVIAN C
STREET ADDRESS 4650 BEACHCOMBER WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
NAME 40 Beechamber Way
STREET ADDRESS
CITY-ST-ZIP STD

TITLE VPD ☐ Delete
NAME PETTY, LLOYD D
STREET ADDRESS 876 WHITE EAGLE CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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

TITLE D ☐ Delete
NAME PETTY, ELIZABETH A
STREET ADDRESS 876 WHITE EAGLE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32086

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivian C Browning

Date

Daytime Phone #

CR2E034 (10/00)