

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000067351****1. Entity Name**
PROFESSIONAL DESIGNERS, INC.**Principal Place of Business****1211 NW 78 AVE
PLANTATION FL 33322****Mailing Address****1211 NW 78 AVE
PLANTATION FL 33322****2. Principal Place of Business****3. Mailing Address****Suite, Apt. #, etc.****Suite, Apt. #, etc.****City & State****City & State****Zip****Country****Zip****Country****4. FEI Number 65-0855699****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BLOCH, STUART E
980 N FEDERAL HWY STE 205
BOCA RATON FL 33432****7. Name and Address of New Registered Agent****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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANFALVY, ERNEST JR	NAME	
STREET ADDRESS	8221 SW F ST.	STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, THOMAS	NAME	
STREET ADDRESS	1211 NW 78 AVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****THOMAS E. COOMBS****Date****Daytime Phone #****1/2/00 954 772 0532****CR2E034 (10/00)**