

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90098 024 ***150.00

DOCUMENT # P98000083961

1. Entity Name
PROFESSIONAL PROPERTY MANAGEMENT AND SALES INC.

Principal Place of Business
**265 SW PORT ST. LUCIE BLVD.
STE 193
PORT ST. LUCIE FL 34983**

Mailing Address
**265 SW PORT ST. LUCIE BLVD.
STE 193
PORT ST. LUCIE FL 34983**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
265 SW PORT ST. LUCIE BLVD
Suite, Apt. #, etc.
PMB 193

3. Mailing Address
265 SW PORT ST. LUCIE BLVD
Suite, Apt. #, etc.
PMB 193

City & State
PORT ST. LUCIE FL

City & State
PORT ST. LUCIE FL

4. FEI Number **65-0866268**
Applied For
☐ Not Applicable

Zip Country
34984 USA

Zip Country
34984 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MCKINNEY, JAMES J
2025 SW CRANBERRY STREET
PORT ST. LUCIE FL 34593**

7. Name and Address of New Registered Agent
Name
JAMES J. MCKINNEY
Street Address (P.O. Box Number is Not Acceptable)
2025 SW CRANBERRY STREET
City
PORT ST. LUCIE FL Zip Code
34953

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC KINNEY, JAMES J 507 SW BAILEY TERRACE PORT SAINT LUCIE FL 34953 <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	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. MCKINNEY <input type="checkbox"/> Change <input type="checkbox"/> Addition 2025 SW CRANBERRY STREET PORT ST. LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **JAMES J. MCKINNEY** **JAMES J. MCKINNEY** **2/14/02** **561-344-5999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)