

# 2001 UNIFORM BUSINESS REPORT (UBR)

5.

APPROVED

06-27-2001 90005 043 \*\*\*\*\*61.25

05-12-2001 90044 008 \*\*\*\*\*61.25

P98000104228

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
888.733.008



DO NOT WRITE IN THIS SPACE

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000104228</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                    |                                                                              |
| 1. Entity Name<br><b>PROFESSIONAL BUSINESS MANAGEMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                    |                                                                              |
| Principal Place of Business<br><b>1885 W. COMMERCIAL BLVD., STE. 120<br/>FORT LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Mailing Address<br><b>1885 W. COMMERCIAL BLVD., STE. 120<br/>FORT LAUDERDALE FL 33309</b>                                          |                                                                              |
| 2. Principal Place of Business<br><b>1835 SO Perimeter Rd<br/>#120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 3. Mailing Address<br><b>Suite, Apt. #, etc.</b>                                                                                   |                                                                              |
| City & State<br><b>FL LAUD FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State<br><b>FL LAUD FL</b>                                                                                                  |                                                                              |
| Zip<br><b>33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>           | Zip<br><b>33309</b>                                                                                                                | Country<br><b>USA</b>                                                        |
| 4. FEI Number<br><b>65-1013212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                             |                                                                              |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>ROSS, PATRICIA F<br/>1885 W. COMMERCIAL BLVD., STE. 120<br/>FORT LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 7. Name and Address of New Registered Agent<br><b>ROSS, PATRICIA F<br/>1835 SO Perimeter Rd<br/>FL LAUD FL 33309</b>               |                                                                              |
| 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.<br>SIGNATURE <b>Patricia Ross</b> DATE <b>4/29/01</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                    |                                                                              |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                      |                                                                              |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PSTD<br/>ROSS, PATRICIA F<br/>1885 W. COMMERCIAL BLVD., STE 120<br/>FORT LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PSTD<br/>PATRICIA ROSS<br/>1835 SO Perimeter Rd #120<br/>FL LAUD FL 33309</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VD<br/>FAY, MARY J<br/>1885 W. COMMERCIAL BLVD., STE 120<br/>FORT LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VD<br/>MARY J. FAY<br/>1835 SO Perimeter Rd #120<br/>FL LAUD FL 33309</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>27.50 - ARSUPP</b>                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>900004499399-7<br/>-07/26/01--01007--013<br/>*****27.50 *****27.50</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MW</b>                                                                        | <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: <b>Patricia F. Ross</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | DATE: <b>4/29/01</b> 954.934.9508                                                                                                  |                                                                              |

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