

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000024517

1. Entity Name

PROFESSIONAL COMMUNITY SERVICES OF AMERICA, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-25-2000 90043 032 ***150.00

Principal Place of Business Mailing Address
17595 S. TAMiami TRAIL. STE. 202 17595 S. TAMiami TRAIL. STE. 202
FT. MYERS FL 33908 FT. MYERS FL 33908-4571

2. Principal Place of Business 3. Mailing Address
2310 Della Dr. P.O. Box 110156
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL NAPLES, FL
Zip Country Zip Country
34117 34108-0103

4. FEI Number 65-0911369 Applied For
Not Applicable

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
SARVER, ROBERT L II
9233 PINEAPPLE RD.
FT. MYERS FL 33912
Name WILLIAM D. WHITE
Street Address (P.O. Box Number is Not Acceptable)
2310 Della Dr.
City Naples, FL Zip Code 34117

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 William D. White William D. White 4/7/00
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. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARVER, ROBERT L II		NAME	CLIFFORD S. SPEECHLY, JR.	
STREET ADDRESS	9233 PINEAPPLE RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM D. WHITE	
STREET ADDRESS			STREET ADDRESS	2310 Della Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34117	
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: William D. White William D. White 4/7/00 941-352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)