

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032249

1. Entity Name

PROFESSIONAL TRADESMEN OF AMERICA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 570251
MIAMI FL 33257

P.O. BOX 570251
MIAMI FL 33257-0251

FILED

00 JAN 31 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

P.O. Box 570251

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 570251

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0917958

Applied For

Not Applicable

Zip

33257

Country

USA

Zip

33257

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LITTELL, DOUGLAS ROGER
20045 OCEAN CURVE
MIAMI FL 33189

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

Douglas R. Littell

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01-28-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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

TITLE PD
NAME REILLY, ANN S
STREET ADDRESS 20045 OCEAN CURVE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
400003128754-02/09/00-01012-002
****158.75 ****158.75

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann S. Reilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28/00

Date

305.254.167

Daytime Phone #