

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 042 ***150.00

DOCUMENT #

1. Entity Name

P9900000 44784

PROFESSIONAL BUSINESS & TAX SERVICES, INC.



DO NOT WRITE IN THIS SPACE

11023957

2. Principal Place of Business

9141 Cypress Green Dr.

Suite, Apt. #, etc.

Suite 2

3. Mailing Address

9141 Cypress Green Drive

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville

City & State

Jacksonville

4. FEI Number

59-3576873

Applied For

Not Applicable

Zip

FL-32256 DUVAL

Country

Zip

32256

Country

DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SUNIL K. SARKAR

Street Address (P.O. Box Number is Not-Acceptable)

8932 Adams Walk Dr.

City

Jacksonville

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD ST.

SUNIL K. SARKAR

8932 ADAMS WALK DR

JACKSONVILLE, FL-32257

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sunil K. Sarkar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

904-318-5900

Daytime Phone #

CR2E034B (12/02)