

2000 UNIFORM BUSINESS REPORT (UBR)

0077431

DOCUMENT # P99000047608

1. Entity Name

PROFESSIONAL MORTGAGE AND INVESTMENT, INC.

FILED

00 FEB 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

625 PRESTON ROAD
LONGWOOD FL 32750

Mailing Address

625 PRESTON ROAD
LONGWOOD FL 32750-3916

2. Principal Place of Business

280 South C.R. 427

3. Mailing Address

280 South C.R. 427

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Longwood, FL.

City & State

Longwood, FL.

4. FEI Number

59-3578322

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

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

THORN, ROBIN SCOTT
625 PRESTON ROAD
LONGWOOD FL 32750

Name

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

280 South C.R. 427 Suite 114

City

Longwood

FL

Zip Code
32750

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 time if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-14-00

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS Robin Scott Thorn
CITY-ST-ZIP 280 C.R. 427 Suite 114
Longwood, FL. 32750

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

TITLE ☐ Change ☐ Addition
NAME 1000031558
STREET ADDRESS 03/03/00-01011-035
CITY-ST-ZIP *****158.75 *****158.75

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

TITLE ☐ Change ☐ Addition
NAME LS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-00 (407) 265-8828

Date

Daytime Phone #

CR2E034 (9/99)