2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000056208

1. Entity Name Professional & Business Associates R

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-03-2000 90108 021 ***158.75

[redacted]

Principal Place of Business: 6205 Wood Lake Rd. Jupiter, FL 33458

Mailing Address: SAME

2. Principal Place of Business: ABOVE

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address: ABOVE

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0931844 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R. SCOTT SHERMAN
6205 WOOD LAKE ROAD
JUPITER, FL 33458

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CHAIRMAN	☐ Delete
NAME	HEIDI SHERMAN	
STREET ADDRESS	6205 WOOD LAKE ROAD	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SECRETARY	☐ Delete
NAME	R. SCOTT SHERMAN	
STREET ADDRESS	6205 WOOD LAKE ROAD	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TREASURER	☐ Delete
NAME	AERON JANSEN	
STREET ADDRESS	100 WATERWAY DRIVE SOUTH #401	
CITY-ST-ZIP	LANTANA, FL 33462	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: R. SCOTT SHERMAN 4-20-00 561 745-9142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #