

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90022 047 \*\*\*150.00

0286976

**DOCUMENT # P99000059343**

1. Entity Name

**PROFESSIONALS OF PALM BEACH, INC.**

Principal Place of Business

11780 US HWY ONE STE 300  
 NORTH PALM BEACH FL 33408

Mailing Address

11780 US HWY ONE STE 300  
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

*348 Eagleton Golf Dr*

Suite, Apt. #, etc.

3. Mailing Address

*348 Eagleton Golf Dr*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Palm Beach Gardens, FL*

City & State

*Palm Beach Gardens, FL*

4. FEI Number **65-0931355**

Applied For

Not Applicable

Zip

*33418*

Country

*US*

Zip

*33418*

Country

*US*

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES INC**  
**11780 US HWY ONE STE 300**  
**NORTH PALM BEACH FL 33408**

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

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. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **DPST** ☐ Delete  
 NAME **GALVIN, J. MICHAEL**  
 STREET ADDRESS **338 EAGLETON GOLF DR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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

TITLE ☐ Change ☐ Addition  
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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

*2/23/01*

Date

Daytime Phone #

CR2E034 (10/00)