

2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00-90059-028-3158.75-3158.75

1042

DOCUMENT # P99000061439

1. Entity Name

THE PROFESSIONAL REGISTRY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:44

Principal Place of Business

11767 S. DIXIE HWY., PMB 30 4
MIAMI FL 33156

Mailing Address

11767 S. DIXIE HWY., PMB 30 4
MIAMI FL 33156-4438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0948167

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENWORTHY, THOMAS W
11767 S. DIXIE HWY., PMB 30 4
MIAMI FL 33156

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, 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	D	<input type="checkbox"/> Delete
NAME	KENWORTHY, THOMAS W	
STREET ADDRESS	11833 SW 81ST RD.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone

4-26-2000 Thomas W. Kenworthy

Thomas W. Kenworthy

11833 S.W. 81st. Road
Miami, Florida 33156
(305) 256-8526

September 18, 2000

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Florida Department of State
Attention: Reinstatement Division
P O Box 6327
Tallahassee, FL

Re: The Professional Registry, Inc.

Gentlemen:

On Saturday , Sept. 16,2000, I was at the Mail Boxes, Inc. office at 11767 South Dixie Highway in Miami, Florida, where I had a mail box until June 14 ,2000.

They gave me a letter, a copy of which is attached, from the Florida Department of State dated May 22,2000.

They were supposed to to forward any mail that I received to my home address.

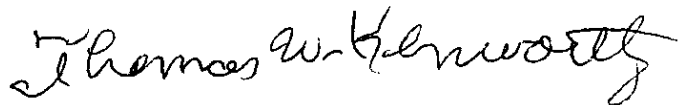
They did not do so and I did not receive your letter.

I certainly would have taken care of the annual report if I had received your letter.

Will you please accept the completed form and waive the fee. I am an eighty-three year old man and am trying to get a small community service business started.

I simply do not have the money to pay a fee.

Very truly yours.



Thomas W. Kenworthy