

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90302 004 ***150.00

DOCUMENT # P99000078451

1. Entity Name
PROFESSIONAL OPPORTUNITIES, INC.

Principal Place of Business Mailing Address
3634 CORAL TREE CIRCLE **3634 CORAL TREE CIRCLE**
COCONUT CREEK FL 33073 **COCONUT CREEK FL 33073**

2. Principal Place of Business 3. Mailing Address
8508 NW 57th Drive **8508 NW 57 Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Springs, FL **Coral Springs, FL**
 Zip Country Zip Country
33067 **Florida** **33067** **Florida**

4. FEI Number **65-0952849** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COREBB, SHERMAN
3634 CORAL TREE CIRCLE
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent
 Name **Monica Sherman**
 Street Address (P.O. Box Number is Not Acceptable)
8508 NW 57th Dr.
 City **Coral Springs** FL Zip **33067**

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]* DATE **4/22/01**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SHERMAN, GREGG A 3634 CORAL TREE CIRCLE COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SHERMAN, MONICA V 3634 CORAL TREE CIRCLE COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Sherman, Gregg A 8508 NW 57th Drive Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Sherman, Monica 8508 NW 57th Drive Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]* **Gregg Sherman** DATE: **3/15/01** DAYTIME PHONE #: **954-757-1869**
Signature (typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (10/00)