

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90712 001 ***150.00

DOCUMENT # P99000087062

1. Entity Name
THE FOUNDATION FOR PROFESSIONAL DEVELOPMENT INCORPORATED

Principal Place of Business
**33 BARKLEY CIRCLE
STE C
FORT MYERS FL 33907**

Mailing Address
**POB OX 7292
FT MYERS FL 33911**

2. Principal Place of Business
**4575 VIA ROYALE
Suite, Apt. #, etc.
105**

3. Mailing Address
**4575 VIA ROYALE
Suite, Apt. #, etc.
105**

City & State
**FORT MYERS, FL
Zip
33919
Country
US**

City & State
**FORT MYERS, FL
Zip
33919
Country
US**

4. FEI Number **65-0954704**
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

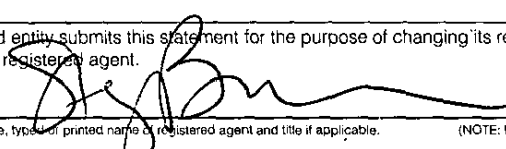
6. Name and Address of Current Registered Agent

**SMOOT, J. TOM III
1533 HENDRY STREET
SUITE 200
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BROWN, STACEY** ☐ Delete
STREET ADDRESS **33 BARKLEY CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **VD** ☒ Delete
NAME **COLE, ANN**
STREET ADDRESS **33 BARKLEY CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33907**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **BROWN, STACEY**
STREET ADDRESS **4575 VIA ROYALE, 105**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 **4/29/03** Daytime Phone #

CR2E034 (10/02)