

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90096 037 ***150.00

DOCUMENT # P99000088386

1. Entity Name
PROFESSIONAL CONSULTING SERVICES, INC.

Principal Place of Business

**2014 4TH STREET
 SARASOTA FL 34237**

Mailing Address

**2014 4TH STREET
 SARASOTA FL 34237**

2. Principal Place of Business

8433 Enterprise Circle #202
 Suite, Apt. #, etc.
202

3. Mailing Address

P.O. Box 50 273
 Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

SARASOTA FL

Zip

34202

Country

MANATEE

Zip

34232

Country

MANATEE

6. Name and Address of Current Registered Agent

**WITTMER, STEVEN T
 2014 4TH STREET
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 file if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 **D** ☐ Delete
 NAME **RHODES, DENNIS**
 STREET ADDRESS **420 S. NOKOMIS AVE.**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Delete
 NAME **SCHIEB, SCOTT A**
 STREET ADDRESS **2033 MAIN STREET, STE. 409**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
 NAME **WITTMER, STEVEN T**
 STREET ADDRESS **2014 4TH STREET**
 CITY-ST-ZIP **SARASOTA FL 34237**

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 **SCHIEB, SCOTT A**
 STREET ADDRESS **8433 ENTERPRISE CIRCLE #202**
 CITY-ST-ZIP **BRADENTON, FL 34202**

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

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

Date

Daytime Phone

4-24-01

CR2E034 (10/00)