

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90005 047 ***150.00

DOCUMENT # P99000088386

1. Entity Name

PROFESSIONAL CONSULTING SERVICES, INC.

Principal Place of Business

**8433 ENTERPRISE CIRCLE #202
 BRADENTON FL 34202**

Mailing Address

**P O BOX 50273
 SARASOTA FL 34232**

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

65-1028112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

2/13/02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODES, DENNIS	
STREET ADDRESS	420 S. NOKOMIS AVE.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHIEB, SCOTT A	
STREET ADDRESS	8433 ENTERPRISE CIRCLE #200	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITTMER, STEVEN T	
STREET ADDRESS	2014 4TH STREET	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Bartholomew	
STREET ADDRESS	8433 Enterprise Circle #200	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	D, VP - Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schieb, Scott	
STREET ADDRESS	8433 Enterprise Circle #200	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	D, VP - Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wittmer, Steve	
STREET ADDRESS	8433 Enterprise Circle #200	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02
 Date

Daytime Phone #