

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099772

1. Entity Name

PROFESSIONAL LIABILITY SOLUTIONS, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90002 014 ***558.75

Principal Place of Business

1714 N UMBERLAND AVE
ORLANDO FL 32804

Mailing Address

1714 N UMBERLAND AVE
ORLANDO FL 32804

2. Principal Place of Business

1503 West Smith Street

3. Mailing Address

P.O. Box 547833

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

EIN 31-1678657 ?

Applied For

Not Applicable

Zip

32804

Country

Orange

Zip

32854

Country

Orange

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

HALL, ROBERT C
1714 N UMBERLAND AVE
ORLANDO FL 32804

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME HALL, ROBERT C
STREET ADDRESS 1714 N UMBERLAND AVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Rebecca D. Hall
CITY-ST-ZIP 1714 Northumberland Avenue
Orlando Florida 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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

7/31/2000

407-648-3660

Date

Daytime Phone #

CR2E034 (5/00)