

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90244 033 ***150.00

0082579

DOCUMENT # P99000105222

1. Entity Name

PROFESSIONAL DIVERSIFIED SERVICES, INC.

Principal Place of Business

**1910 CANDRIN CT.
 MELBOURNE FL 32940**

Mailing Address

**7777 N. WICKHAM RD
 #12-513
 MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3612847**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACK, DARRELL
 1910 CANDRIN CT.
 MELBOURNE FL 32940**

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.

SIGNATURE *Darrell Mack* **DARRELL MACK** President 4-26-01
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, DARRELL	NAME	mack, Darrell
STREET ADDRESS	1910 CANDRIN CT.	STREET ADDRESS	1910 Candrin CT.
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	Melbourne, FL 32940
TITLE	V <input type="checkbox"/> Delete	TITLE	V/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK, ANTONIA	NAME	mack, Antonia
STREET ADDRESS	1910 CANDRIN CT	STREET ADDRESS	1910 Candrin CT.
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> Delete	TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Doug Farmer
STREET ADDRESS		STREET ADDRESS	1910 Candrin CT.
CITY-ST-ZIP		CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Darrell Mack* **DARRELL MACK** 4-26-01 (321) 751-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)