

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81142

1. Entity Name

PROFESSIONALS' CONSULTANTS AND MANAGERS, INC.

Principal Place of Business

Mailing Address

~~877 GLADES RD~~  
~~202~~  
~~BOCA RATON FL 33434~~

~~877 GLADES RD~~  
~~202~~  
~~BOCA RATON FL 33434~~  
~~X~~

2. Principal Place of Business

P.O. Box 6037

3. Mailing Address

P.O. Box 6037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip  
34957

Country  
Martin

Zip  
34957

Country  
Martin

4. FEI Number 65-0294957

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

~~HOSKIE, GARY~~  
~~11540 ISLAND LAKES LANE~~  
~~BOCA RATON FL 33498~~

Name  
Gary I. Hoskie

Street Address (P.O. Box Number is Not Acceptable)  
1706 Surfside Drive

Hutchinson Island

City FL Zip Code  
34949

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

*Gary I. Hoskie, President*

Signature, typed or printed name of registered agent and fee 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

TITLE P  
NAME HOSKIE, GARY ☐ Delete  
STREET ADDRESS 11540 ISLAND LAKES LANE 1706 Surfside DR.  
CITY-ST-ZIP BOCA RATON FL Hutchinson Island, FL 34949 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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

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 #

4/30/01

0807160

CR2E034 (10/00)

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

05-14-2001 90243 011 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE