

DOCUMENT # V06332

1. Entity Name
PROFESSIONAL REAL ESTATE, INC.

Principal Place of Business Mailing Address
667 DELTONA BLVD. 667 DELTONA BLVD.
DELTONA FL 32725 DELTONA FL 32725
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MAC DONALD, JOHN A
1175 GEORGE RYAN RD
DELAND FL 32720

4. FEI Number 59-3101928 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPST
NAME MACDONALD, JOHN A., III
STREET ADDRESS 943 ANDERSON DRIVE
CITY-ST-ZIP DELTONA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *John A. MacDonald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01-02-01 Daytime Phone # 408-860 1289

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90004 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)