## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**



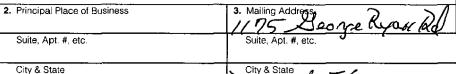
04-11-2003 90176 031 \*\*\*150.00

**FILED** 

Apr 11, 2003 8:00 am Secretary of State

V06332 DOCUMENT # 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





CHECK HERE IF MAKING CHANGES

City & State		DeLand &	-6		4. FEI Number 59-3101928	Applied For Not Applicable	
Zip	Country	32920	Count	ry		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name		<u> </u>	

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

Name									
the state of the s									
Street Address (P.O. Box Number is Not Acceptable)									

8.	The above named entity submits this statement to	the purpose of changing	its registered office or regis	stered agent, or both, in the S	State of Florida. I am familiar with, and	accept
	the obligations of registered agent.	$N \supset -$	•	100		
	1/20011	$1 \mathcal{M} = 1$	1 1 m	$\Omega = 0.01$	4002	
SI	ENATURE John S / Wel	10	Ne 74.7/10e	LONOLUL	7-9-03	

City

gnature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition NAME MACDONALD, JOHN A., III NAME STREET ADDRESS 1175 GEORGE RYAN RD. STREET ADDRESS CITY-ST-ZIP **DELAND FL 32720** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 chattles; and that my name appears in Block 10 or Block 11 ii es; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like e

Daytime Phone i