

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90109 005 ***550.00

DOCUMENT # V20852

1. Entity Name
PROFESSIONAL MANAGEMENT ASSOCIATION SYSTEMS, INC

Principal Place of Business 4231 NE 31ST AVE. LIGHTHOUSE POINTE FL 33064 US	Mailing Address 4231 NE 31ST AVE. LIGHTHOUSE POINTE FL 33064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3020 NE 32nd Ave Suite, Apt. #, etc. #1412 City & State Ft. Lauderdale, FL Zip 33308 Country USA	3. Mailing Address 3020 NE 32nd Ave Suite, Apt. #, etc. #1412 City & State Ft. Lauderdale, FL Zip 33308 Country USA
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4. FEI Number 65-0396276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAILEY, NANCY KAY
4231 NE 31ST AVE.
LIGHTHOUSE POINTE FL 33064

7. Name and Address of New Registered Agent

Name **Nancy Kay Dailey**
 Street Address (P.O. Box Number is Not Acceptable)
3020 NE 32nd Ave.
#1412
 City **Ft. Lauderdale** **FL** Zip Code **33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Nancy Kay Dailey** *Nancy Kay Dailey* **9-10-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DAILEY, NANCY KAY 4231 NE 31ST AVE. LIGHTHOUSE PT. FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Nancy Kay Dailey 3020 NE 32nd Ave #1412 Ft Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nancy Kay Dailey** *Nancy Kay Dailey* **9-10-02** **366-1747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)