

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 049 ***150.00

DOCUMENT # V69170

1. Entity Name
PROFESSIONAL MANAGEMENT SERVICES OF OCALA, INC.

Principal Place of Business

3609 SE 33 CT
 OCALA FL 34471
 US

Mailing Address

3609 SE 33 CT
 OCALA FL 34470-5687
 US

2. Principal Place of Business

2701 NE 10th St #407

Suite, Apt. #, etc.

3. Mailing Address

2701 NE 10th St #407

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FL 34470

City & State

OCALA FL 34470

4. FEI Number

65-0362636

Applied For

Not Applicable

Zip

34470

Country

MARION

Zip

FL

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERDMANN, JOHN
3609 SE 33CT
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

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

2701 NE 10th St #407

City

OCALA

FL

Zip Code

34470

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

John Herdman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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, 2000 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

TITLE **P** ☐ Delete
 NAME **HERDMANN, JOHN**
 STREET ADDRESS **3609 SE 33CT**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☐ Delete
 NAME **MCLAUGHLIN, JENNIFER**
 STREET ADDRESS **320 SE 55CT**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 Herdman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00
 Date

Daytime Phone #