

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # K86013

1. Entity Name
PRO-CO INCORPORATED

Principal Place of Business 740 FLORIDA CENTRAL PKWY 2056 LONGWOOD FL 32750	Mailing Address 740 FLORIDA CENTRAL PKWY 2056 LONGWOOD FL 32750
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2. Principal Place of Business 740 FLORIDA CENTRAL PKWY	3. Mailing Address 740 FLORIDA CENTRAL PKWY
Suite, Apt. #, etc. 2028	Suite, Apt. #, etc. 2028

City & State LONGWOOD FL	City & State LONGWOOD FL	4. FEI Number 59-2949494	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32750	Country US	Zip 32750	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLEN, BRIAN J.
581 FOX HUNT CIR.

LONGWOOD FL 32750

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 _____ DATE **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE V	<input type="checkbox"/> Delete
NAME GRABE WILLIAM	
STREET ADDRESS 740 FLORIDA CENTRAL PKWY	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE S	<input type="checkbox"/> Delete
NAME MULLEN, MARGARET B.	
STREET ADDRESS 581 FOX HUNT CIR.	
CITY-ST-ZIP LONGWOOD FL	
TITLE PT	<input type="checkbox"/> Delete
NAME MULLEN, BRIAN J.	
STREET ADDRESS 581 FOX HUNT CIR.	
CITY-ST-ZIP LONGWOOD FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brian J. mullen **PT** 04/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)