

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90054 029 \*\*\*150.00

0034917

**DOCUMENT # P00000098884**

1. Entity Name  
**PROA-POWR SOLUTIONS, INC.**

Principal Place of Business  
**110 GULF SHORE DRIVE, #625**  
**P.O. BOX 5702**  
**DESTIN FL 32540**

Mailing Address  
**110 GULF SHORE DRIVE, #625**  
**P.O. BOX 5702**  
**DESTIN FL 32540**

**00049872**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8883 Saltcoates Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8883 Saltcoates Ct.**  
 Suite, Apt. #, etc.

City & State  
**Tallahassee, FL.**

City & State  
**Tallahassee, FL.**

Zip  
**32312**

Country  
**U.S.**

Zip  
**32312**

Country  
**BEON**

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MATTHEWS, DANA C-ESQ.**  
**MATTHEWS & HAWKINS, P.A.**  
**607 HIGHWAY 98 EAST**  
**DESTIN FL 32541**

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<del>Jerry Brookins, President</del> <input type="checkbox"/> Delete <del>8883 Saltcoates Ct.</del> <del>Tallahassee, FL 32312</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Jim Jones</del> <input type="checkbox"/> Delete <del>110 Gulf Shore Dr. #625</del> <del>Destin, FL 32540</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Chadwick Nichols</del> <input type="checkbox"/> Delete <del>10859 Emerald Coast Pkwy #426</del> <del>Destin, FL 32540</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>J.P. James Giroux</del> <input type="checkbox"/> Delete <del>677 Forest Lair</del>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Jerry C. Brookins 8883 Saltcoates Ct. Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Jim Jones 110 Gulf Shore Dr. #625 Destin, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ Chadwick Nichols 10859 Emerald Coast Pkwy. #426 Destin, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ James Giroux 677 Forest Lair Tallahassee, FL 32312
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: Jerry C. Brookins, P **Jerry C. Brookins, P** **4-29-01** **850 906-9276**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CPRE034 (10/00)