

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90671 005 ***150.00

0405699 AV

DOCUMENT # P99000092220
 1. Entity Name
P.R.R. GROUP, INC.

Principal Place of Business Mailing Address
% RONALD J. PRONYK **% RONALD J. PRONYK**
7500 FAIRWAY TRAIL **7500 FAIRWAY TRAIL**
BOCA RATON FL 33487 **BOCA RATON FL 33487**

B0064833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7498 FAIRWAY TRAIL **7498 FAIRWAY TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON FL **BOCA RATON FL**
 Zip Zip Country Country
33487 **33487** **USA** **USA**

4. FEI Number Applied For
65-1048953 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PRONYK, RONALD J
7500 FAIRWAY TRAIL
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name **RONALD J. PRONYK**
 Street Address (P.O. Box Number is Not Acceptable)
7498 FAIRWAY TRAIL
 City **BOCA RATON FL** Zip Code **33487**

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 *Ronald J. Pronyk* 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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D PRONYK, RONALD J 7500 FAIRWAY TRAIL BOCA RATON FL 33487	<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	D RONALD J. PRONYK 7498 FAIRWAY TRAIL BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *Ronald J. Pronyk* **4/2/02** **561 997 9332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)