

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90003 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S80523

1. Entity Name
PROMPT ATTENTION, INC.

Principal Place of Business 405 BLUEBIRD ST. APOPKA FL 32703 US	Mailing Address 405 BLUEBIRD ST. APOPKA FL 32703-8183 US
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2. Principal Place of Business 621 Key Deer Court	3. Mailing Address 522 Hunt Club Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 321

City & State Apopka, FL	City & State Apopka, FL
Zip 32703	Zip 32703
Country USA	Country USA

4. FEI Number 59-3090213	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KAYE, JANIS S.
621 KEY DEER CT
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 PD	<input type="checkbox"/> Delete
NAME KAYE, ALAN R.	
STREET ADDRESS 621 KEY DEER COURT	
CITY-ST-ZIP APOPKA FL	
TITLE STD	<input type="checkbox"/> Delete
NAME KAYE, JANIS S.	
STREET ADDRESS 621 KEY DEER COURT	
CITY-ST-ZIP APOPKA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Janis S. Kaye Date: 4-26-00 Daytime Phone #: (407) 886-6999

CR2E034 (9/99)