2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am **DOCUMENT # 571166** 1. Entity Name **Secretary of State** PRO-STAR CE, INC. 03-01-2000 90077 035 ***150.00 Principal Place of Business Mailing Address 305 ORANGEWOOD LANE 305 ORANGEWOOD LANE LARGO FL 33770-4077 LARGO FL 33770-4077 しいけんずんごり HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1827677 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERWIN, KATHIE T. EDD, PHD Street Address (P.O. Box Number is Not Acceptable) 305 ORANGEWOOD LANE LARGO FL 33770-4077 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Defete TITLE NAME ERWIN, KATHIE T. EDD, PHD NAME STREET ADDRESS 305 ORANGEWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770-4077 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition-☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7)P CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



☐ Delete

2-22-00

(727) 581-977

☐ Change

■ Addition

Daytime Phone