FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90733 029 ***150.00

DOCUMENT # F98000005846 1. Entity Name ProBusiness Services, In		70039372
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 41.35 Hopyard Rd Suite, Apt. #. etc. 3. Mailing Address H1.25 Hopy Suite, Apt. #, etc.	ard Rd	DO NOT WRITE IN THIS SPACE
Prosentan CA Prosentar	n, CA	4. FEI Number Applied For 94 - 2916066 Not Applicable
95488 Country USA 94588	ÜŞA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its	CityWM	Paration System Jec. Box Number Pine Tsland Rd Plantation FL ZIBBB 324 Jed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tate if applicable. (NOTE	: Reg-stered Agent signature required	d when re-installing) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	· · ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND DIRECTORS		1 Marie Carlotte
SINTON Thomas SIRET ADDRESS 4125 HOPYAYA RA CITY-ST-ZIP PLASANTON CA 94566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
HAME STREET ADDRESS CITY-SI-ZIP PLOS DOTTON CA 94565	TITLE NAME STREET ADDRÉSS CITY-ST-ZIP	
TITLE HAME STREET ADDRESS CITY-ST-ZIP PLOS 20-100 TITLE HAME BIOLOK, Jermy CH 94588	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP PICASOTON CA 94568	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
HAME STREET ADDRESS CITY-ST-ZIP PLESSONTON TIM 4125 HOPYDRA Rd 94556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	¢
NAME STREET ADDRESS CITY-ST-ZIP TITLE O Had gson, David Had gson, David Had gson, David Has Hopyard Rd Pleasantam, CA 94588	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or on an attachment with an address, with all other like empowered.		