

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 23, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000000048**1. Entity Name
PRO NET GLOBAL ASSOCIATION, INC.Principal Place of Business
6851 DISTRIBUTION AVE., SUITE
JACKSONVILLE FL 32256
Mailing Address
6851 DISTRIBUTION AVE., SUITE
JACKSONVILLE FL 322562. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
6851 DISTRIBUTION AVE., SUITE
Suite, Apt. #, etc.City & State
JACKSONVILLE FL
City & State
JACKSONVILLE FLZip Country
32256 US
Zip Country
32256 US4. FEI Number
59-3499097
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US**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 _____ 07/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VD ☐ Delete
NAME WOODS STEVE
STREET ADDRESS 3316 NE SUGAR HILL AVE.
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE DT ☐ Delete
NAME FOLEY TIM
STREET ADDRESS 11541 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL 32778TITLE DP ☐ Delete
NAME CHILDERS BILL
STREET ADDRESS 7005 SHANON WILLOW ROAD
CITY-ST-ZIP CHARLOTTE NC 28226TITLE D ☐ Delete
NAME GOOCH HAL
STREET ADDRESS 6 CURTIS COURT
CITY-ST-ZIP THOMASVILLE NC 27360TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VD ☒ Change ☐ Addition
NAME WOODS STEVE
STREET ADDRESS 3316 NE SUGAR HILL AVE.
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE DT ☒ Change ☐ Addition
NAME FOLEY TIM
STREET ADDRESS 11541 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL 32778TITLE DP ☒ Change ☐ Addition
NAME CHILDERS BILL
STREET ADDRESS 7005 SHANON WILLOW ROAD
CITY-ST-ZIP CHARLOTTE NC 28226TITLE D ☒ Change ☐ Addition
NAME GOOCH HAL
STREET ADDRESS 6 CURTIS COURT
CITY-ST-ZIP THOMASVILLE NC 27360TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: HAL GOOCH

D

07/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)