

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90105 017 ***150.00

DOCUMENT # F99000004662

1. Entity Name

PROCTOR & ASSOCIATES INC.

Principal Place of Business

P O BOX 26184
 BIRMINGHAM AL 35260

Mailing Address

P O BOX 26184
 BIRMINGHAM AL 35260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1216950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, RALPH
312 NW RACE TRACK RD
FT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name **Procter, Ralph**
 Street Address (P.O. Box Number is Not Acceptable)
652 West 23rd Street
 City **Panama City** FL Zip Code **32405**

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)

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, 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 **P** ☐ Delete
 NAME **PROCTOR, RALPH T**
 STREET ADDRESS **118 HILLTOP BUSINESS DRIVE**
 CITY-ST-ZIP **PELHAM AL**

TITLE **S** ☐ Delete
 NAME **PROCTOR, LEA**
 STREET ADDRESS **118 HILLTOP BUSINESS DRIVE**
 CITY-ST-ZIP **PELHAM AL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Procter, Ralph T.**
 STREET ADDRESS **4013 Charring Cross Lane**
 CITY-ST-ZIP **Hoover AL 35226**

TITLE **S** ☒ Change ☐ Addition
 NAME **Procter, Lea**
 STREET ADDRESS **4013 Charring Cross Lane**
 CITY-ST-ZIP **Hoover AL 35226**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/02

Date

205-979-8111

Daytime Phone #

CR2E034 (9/01)