

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G25298**

1. Entity Name
Proctor Builders, Inc.

FILED

01 MAR 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
c/o Irving Proctor
3132 Forest Circle
Jacksonville, FL 32257

Mailing Address
6821 Southpoint Dr. North
Suite 126
Jacksonville, FL 32216

2. Principal Place of Business
4558 Bogie Road NW
Suite, Apt. #, etc.

3. Mailing Address
c/o C.F. Frazier
Suite, Apt. #, etc.
P. O. Box 40749

REINSTATEMENT

City & State
Duluth, GA

City & State
Jacksonville, FL

4. FEI Number
59-2262123

Applied For
Not Applicable

Zip
30096

Country
USA

Zip
32203

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Robert Hirsch
6821 Southpoint Drive North
Suite 126
Jacksonville, FL 32216

7. Name and Address of New Registered Agent

Name
Clarence F. Frazier

Street Address (P.O. Box Number is Not Acceptable)
1548 Lancaster Terrace

City
Jacksonville

FL

Zip Code
32204

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 *Clarence F. Frazier*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/01
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, 2001 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
NAME Melanie Proctor Megenity ☐ Delete
STREET ADDRESS 2680 Braithwood Road
CITY-ST-ZIP Atlanta, GA 30345

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Melanie Proctor Megenity ☒ Change ☐ Addition
STREET ADDRESS 4558 Bogie Road NW
CITY-ST-ZIP Duluth, GA 30096

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500003911795--2
CITY-ST-ZIP -03/27/01--01046--011
***1500.00 ***1500.00

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: *Melanie Proctor Megenity*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie Proctor Megenity
Date

404-894-994
Daytime Phone #

CR2E034 (11/00)