

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90321 021 ***150.00

DOCUMENT # G52443

1. Entity Name
PROCESS AUTOMATION CORPORATION



Principal Place of Business
**10930 ENDEAVOUR WAY STE. E
LARGO FL 33777
US**

Mailing Address
**10930 ENDEAVOUR WAY STE. E
LARGO FL 34647**



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 **59-2314080**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROPE, ROBERT
10930 ENDEAVORE WAY
SUITE E
LARGO FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)
10930--ENDEAVOUR WAY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT TROPE PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **TROPE ROBERT**
STREET ADDRESS **399 150TH AVE UNIT 105**
CITY-ST-ZIP **MADEIRA BCH FL 33709**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **TROPE, JOHN**
STREET ADDRESS **5260 87TH AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **RHAODS, SANDRA**
STREET ADDRESS **6321 113TH STREET # 405**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
NAME **RHAODS, SANDRA**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT TROPE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-03

727-541-6280

CR2E034 (10/02)