

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74887

1. Entity Name  
COR/PRO, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90094 045 \*\*\*150.00

Principal Place of Business  
P.O. BOX 1974  
PONTE VEDRA BEACH FL 32004-1974

Mailing Address  
P.O. BOX 1974  
PONTE VEDRA BEACH FL 32004-1974

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2818807**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISTON, PHILIP J.  
924 PONTE VEDRA BLVD  
PONTE VEDRA BCH. FL 32082

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 \_\_\_\_\_ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LISTON, PHILIP J.	
STREET ADDRESS	924 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LISTON, PARTICIA E.	
STREET ADDRESS	924 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LISTON, PEGEEN	
STREET ADDRESS	185 BERMUDA CT.	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LISTON, CHRISTOPHER	
STREET ADDRESS	918 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Philip J. Liston Philip J. Liston 1/10/00 904/246 7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)