

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021096

FILED
Feb 19, 2002 8:00 AM
Secretary of State

Entity Name: PROSKIL, LLC

Current Principal Place of Business:

528 W. GARDEN STREET, SUITE 2
PENSACOLA, FL 325014700

New Principal Place of Business:

Current Mailing Address:

528 W. GARDEN STREET, SUITE 2
PENSACOLA, FL 325014700

New Mailing Address:

FEI Number: 31-1815683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, GRACE E
634 1/2 SILVERSHORE DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SALTER, CHRISTOPHER L PRESIDE
Address: 2900 N. MILLER STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM () Change (X) Addition
Name: THORP, LINDA J VP/TREA
Address: 1136 REVERE POINT RD.
City-St-Zip: VIRGINIA BEACH,, VA 23455 US

Title: MGR () Change (X) Addition
Name: ALLEN, GRACE E SECRETA
Address: 634 1/2 SILVERSHORE DRIVE
City-St-Zip: PENSACOLA, FL 32507 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GRACE E. ALLEN

MGRM

02/19/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date