FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am **DOCUMENT # L12602 Secretary of State** PRO MANUFACTURING AND ENGINEERING, INCORPORATED 02-19-2001 90021 047 ***158.75 Principal Place of Business Mailing Address 41313 THONOTOSSA RD 11313 THONOTOSSA-RD THONOTOSASSA FL 33592-THONOTOSASSA-FL-33582-ADDRESS Change 2. Principal Place of Business 3. Mailing Address 7616 INDUSTRIAL LN SAW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0158200 TAMDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent PRO MFG+ Eng PETERS, PHILLIP L Street Address (P.O. Box Number is Not Acceptable) 11313 THONOTOSSA FID ADDRESS Change 7616 INDUSTRIAL Zip Code 33637 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change Change DP TITI E TITLE Delete NAME MAME PETERS, PHILLIP L. 7616 INDUSTRIAL W. 11313 THONOTOSASSA AD. ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA-FL CHANGE ST Delete TITLE TITLE 7616 Industrial W. TAMPA 71 33637 PETERS, WENDY M NAME NAME ADDRESS STREET ADDRESS STREET ADDRESS 11313-THONOTOSSA RD CITY-ST-7IP Change CITY-ST-7IP THONOTOSSA FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.