2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L29190** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** PROACTIVE SOLUTIONS, INC. 01-28-2000 90135 025 ***150.00 Principal Place of Business Mailing Address 4584 NORTH HIATUS ROAD 4584 N HIATUS RD SUNRISE FL 33351 SUNRISE FL 33351-7988 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0155696 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required --- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOBIER, RICHARD Street Address (P.O. Box Number is Not Acceptable) **4584 NORTH HIATUS ROAD** SUNRISE FL 33351 Zip Code FL 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE TOBIER, RICHARD NAME NAME STREET ADDRESS 4584 NORTH HIATUS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete TITLE ☐ Change ☐ Addition TITLE TOBIER, SHEILA NAME NAME 4584 NORTH HIATUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP SUNRISE FL 33351 CITY-ST-ZIP _____Change TITLE ____ _ 🔲 Delete ... TITLE-___ MAYER, MORRIS NAME NAME 4584 NORTH HIATUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☐ Addition TITLE Delete TITLE MAYER, FRAN NAME NAME 4584 NORTH HIATUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME

13. I hereby certify that the information surplied 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 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 supplied with that I am an officer or director of the corporation or the receiver of the 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 all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE REQUES

☐ Delete

1/22/00

954 572-521

Daytime Phone #

☐ Change

Addition