

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2004 8:00 am
Secretary of State

08-26-2004 90006 036 ***150.00

8/2

DOCUMENT # L29190

1. Entity Name

PROACTIVE SOLUTIONS, INC.



Principal Place of Business

**6761 WEST SUNRISE BLVD.
SUITE 3
PLANTATION FL 33313
US**

Mailing Address

**6761 WEST SUNRISE BLVD.
SUITE 3
PLANTATION FL 33313
US**

66433619



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0155696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOBIER, RICHARD
6761 W SUNRISE BLVD
FORT LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/04

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **TOBIER, RICHARD**
STREET ADDRESS **6761 W SUNRISE BLVD**
CITY- ST- ZIP **PLANTATION FL 33313**

TITLE **P** ☐ Delete
NAME **TOBIER, SHEILA**
STREET ADDRESS **6761 W SUNRISE BLVD**
CITY- ST- ZIP **PLANTATION FL 33313**

TITLE **V** ☐ Delete
NAME **MAYER, MORRIS**
STREET ADDRESS **6761 W SUNRISE BLVD**
CITY- ST- ZIP **PLANTATION FL 33313**

TITLE **T** ☐ Delete
NAME **MAYER, FRAN**
STREET ADDRESS **6761 W SUNRISE BLVD**
CITY- ST- ZIP **PLANTATION FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Sheila M. Tobier President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/04 954791-1880
Date Daytime Phone #

Sheila M. Tobier