

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001186

1. Entity Name

THE PROSURE FOUNDATION, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90060 029 \*\*\*\*61.25

Principal Place of Business

7217 BENJAMIN RD.  
TAMPA FL 33634

Mailing Address

7217 BENJAMIN RD.  
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3625553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, ROBERT  
7217 BENJAMIN RD.  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name DAVID B. SHICK

Street Address (P.O. Box Number is Not Acceptable)  
7217 Benjamin Rd.

City tampa

FL Zip Code 33634

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

DAVID B. SHICK

9.4.21

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME D  
STREET ADDRESS CLEMENTS, MARK  
CITY-ST-ZIP 7217 BENJAMIN RD.  
TAMPA FL 33634 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS SHICK, DAVID B  
CITY-ST-ZIP 7217 BENJAMIN RD.  
TAMPA FL 33634 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS COOPER, ROBERT  
CITY-ST-ZIP 7217 BENJAMIN RD.  
TAMPA FL 33634 ☒ Delete

TITLE  
NAME DIRECTOR  
STREET ADDRESS SCHUBERT, DOUGLAS A.  
CITY-ST-ZIP 7217 Benjamin Rd.  
TAMPA, FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 617, 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

DAVID B. SHICK

9.4.21

(613) 243-1110

CR2E037 (5/01)