

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91349 019 ****70.00

DOCUMENT # N02000003794

1. Entity Name
PRONICA, INC.



Principal Place of Business
**130 NINETEENTH AVENUE SOUTH EAST
SAINT PETERSBURG FL 33705-2810**

Mailing Address
**130 NINETEENTH AVENUE SOUTH EAST
SAINT PETERSBURG FL 33705-2810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0546987

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUTNEY, LOUIS D
4805 SOUTH HIMES AVENUE
TAMPA FL 33611**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WINGARD, KATHRYN**
STREET ADDRESS **205 110TH AVENUE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706-4611**

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

TITLE **D** ☐ Delete
NAME **MAHAL, BARBARA K**
STREET ADDRESS **120 17TH AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701-5906**

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

TITLE **D** ☐ Delete
NAME **PAINE, RUTH HYDE**
STREET ADDRESS **551 25TH AVENUE SOUTH EAST**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705-3311**

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

TITLE **D** ☒ Delete
NAME **JOHNSON, MARTHA J**
STREET ADDRESS **9100 #1 PARK BLVD**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D** ☐ Change ☒ Addition
NAME **BARBARA WOLFE**
STREET ADDRESS **17920 Burnside Dr**
CITY-ST-ZIP **Lutz, FL 33548-4438**

TITLE **D** ☐ Delete
NAME **HAIGH, HERBERT S**
STREET ADDRESS **651 6TH AVENUE NORTH**
CITY-ST-ZIP **TIERRA VERDE FL 33715-2000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Ruth Hyde Paine* **REQUIRE** **HYDE PAINE 25 April 03**

327-895-3099

CR2E037 (10/02)