

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04945

1. Entity Name

PRO MISSIONS, INC.

Principal Place of Business

C/O W.C. JONES
619 EIGHTH AVENUE
CRESTVIEW FL 32536-2101

Mailing Address

C/O W.C. JONES
619 EIGHTH AVENUE
CRESTVIEW FL 32536-2101

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

59-2447465

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

JONES, W.C.
5859 FRIENDSHIP LANE
CRESTVIEW FL 32536

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ERVIN, JIMMY, (DR)
STREET ADDRESS 8351 STAVANGER COVE
CITY-ST-ZIP CORDOVA TN

TITLE D ☐ Change ☒ Addition
NAME Brand, Eric
STREET ADDRESS 2687 Morning Woods Dr.
CITY-ST-ZIP Cordova, TN 38018

TITLE C ☐ Delete
NAME JONES, W.C.
STREET ADDRESS 5859 FREIDNSHIP LANE
CITY-ST-ZIP CRESTVIEW FL

TITLE S ☐ Change ☐ Addition
NAME Mary Davis
STREET ADDRESS 4148 N. Pine Hill Cove
CITY-ST-ZIP Lakeland, TN 38002 ☒ Delete

TITLE D ☐ Delete
NAME PHILLIPS, HARRY (DR.)
STREET ADDRESS 8264 BARBERRY PLACE
CITY-ST-ZIP SOUTHAVEN MS

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

TITLE TD ☐ Delete
NAME SKELTON, BILL (REV)
STREET ADDRESS 2941 KATE BOND ROAD
CITY-ST-ZIP MEMPHIS TN 38133

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

TITLE D ☐ Delete
NAME VINCENT, ROBERT (DR)
STREET ADDRESS 7398 WEST DESOTO RD.
CITY-ST-ZIP WALLS MS

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

TITLE D ☒ Delete
NAME MCNEAL, LARRY
STREET ADDRESS 1717 RUSSELL PKWY
CITY-ST-ZIP WARNER ROBBINS GA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90001 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)