

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 035 ****61.25

DOCUMENT # N04945

1. Entity Name

PRO MISSIONS, INC.

Principal Place of Business

Mailing Address

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

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. 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

After September 13, 2002,
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

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 PDC ☒ Change ☐ Addition
 NAME ERVIN, JIMMY (DR)
 STREET ADDRESS 8351 STAVANGER COVE
 CITY-ST-ZIP CORDOVA, TN 38018-7246

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

TITLE D ☐ Change ☒ Addition
 NAME PAUL AARON CLARK, II (DR)
 STREET ADDRESS 960 VALLEY LANE
 CITY-ST-ZIP COLLIERVILLE, TN 38017-1592

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

TITLE D ☐ Change ☒ Addition
 NAME JAMES T. LAMBERT
 STREET ADDRESS 475 Tennessee River Lane
 CITY-ST-ZIP Savannah, TN 38372-4990

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

TITLE TSD ☐ Change ☒ Addition
 NAME GEORGE E. CRONE
 STREET ADDRESS 3570 College Road
 CITY-ST-ZIP Southaven, MS 38672

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 BRAND, ERIC
 STREET ADDRESS 2687 MORNING WOODS DR
 CITY-ST-ZIP CORDOVA TN 38018

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: JAMES T. LAMBERT 8/27/02 (901) 377-1150

CR2E037 (4/02)