

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90364 009 \*\*\*\*\*70.00

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**DOCUMENT # N98000000419**

1. Entity Name

**PROART INSTITUTE, INCORPORATED**

Principal Place of Business

**142 UNIVERSITY CIRCLE  
ORMOND BEACH FL 32176**

Mailing Address

**P.O. BOX 1543  
ORMOND BEACH FL 32174  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3516517**

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

**RILEY, STEVEN P ESQUIRE  
4805 WEST LAUREL STREET SUITE 230  
TAMPA FL 33607**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	WOZNAK, DANIEL F	172 DEER LAKE CIRCLE	ORMOND BEACH FL 32174				
DVP	RILEY, GERTRUDE	142 UNIVERSITY CIRCLE	ORMOND BEACH FL 32176				
DSVP	PARKER, BETTY	2115 S. PENINSULA DR.	DAYTONA BEACH FL 32118				
D	AIMONE, STEVE	116 1/2 N. WOODLAND BLVD.	DELAND FL 32720				
DTC	WOZNAK, HELEN	172 DEER LAKE CIRCLE	ORMOND BEACH FL 32174				

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:

*Betty M. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/13/2001 (386) 255-8668  
Date Daytime Phone #

CR2E037 (10/00)