

2002 UNIFORM BUSINESS REPORT (UBR)

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 & State

City & 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

\$70
enclosed

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME WOZNAK, DANIEL F ☐ Delete
STREET ADDRESS 172 DEER LAKE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE DVP
NAME RILEY, GERTRUDE ☐ Delete
STREET ADDRESS 142 UNIVERSITY CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE DSVP
NAME PARKER, BETTY ☐ Delete
STREET ADDRESS 2115 S. PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE D
NAME AIMONE, STEVE ☐ Delete
STREET ADDRESS 116 1/2 N. WOODLAND BLVD.
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE DTC
NAME WOZNAK, HELEN ☐ Delete
STREET ADDRESS 172 DEER LAKE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

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: Betty M. Parker RE: BETTY M. PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002 (386) 255-8668

Date

Daytime Phone #

CR2E037 (9/01)