

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90469 004 ***150.00

DOCUMENT # P00000005736

1. Entity Name
PRO-MOTION 2000 INC.

Principal Place of Business 4125 S.W. MARTIN HWY., SUITE 6 PALM CITY FL 34990	Mailing Address 4125 S.W. MARTIN HWY., SUITE 6 PALM CITY FL 34990
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40064597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4125 SW. Martin Hwy</i>	3. Mailing Address <i>SAME</i>
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Suite, Apt. #, etc. <i>SUITE 6</i>	Suite, Apt. #, etc.
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City & State <i>Palm City, Fl.</i>	City & State	4. FEI Number <i>65-1000589</i>	Applied For Not Applicable
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Zip <i>34990</i>	Country <i>Martin</i>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, HAROLD JASON 720 S.W. ARKANSAS TERR. PORT ST. LUCIE FL 34953		7. Name and Address of New Registered Agent Name: <i>PAUL J. COATES</i> Street Address (P.O. Box Number is Not Acceptable): <i>1898 Burbundy Ln.</i> City: <i>Port St. Lucie, Fl.</i> FL Zip Code: <i>34952</i>	
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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]* DATE: *4/29/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>PRESIDENT PAUL J. COATES</i>
STREET ADDRESS		STREET ADDRESS	<i>1898 BURBUNDY LN.</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>PORT ST. LUCIE, FL. 34952</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>V.P. IS AIDA N. WALKER</i>
STREET ADDRESS		STREET ADDRESS	<i>3709 S.E. GRAND DR.</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>PORT ST. LUCIE, FL. 34952</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/29/01* DAYTIME PHONE #: *1-561-3370696*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)