

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-04-2001 90074 015 ***150.00

DOCUMENT # P00000029878

1. Entity Name
PRO PCS, INC.

Principal Place of Business

Mailing Address

**664 SIOUX AVE
 MELBOURNE FL 32935**

**664 SIOUX AVE
 MELBOURNE FL 32935**

40401

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

59-3645389

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

**SANTORE, MICHAEL A
 483 ORLOV RD NW
 PALM BAY, FL 32907**

Name **KEITH W. LEWIS**

Street Address (P.O. Box Number is Not Acceptable)
664 SIOUX AVE

City
MELBOURNE

FL

Zip Code
32935

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

Keith W. Lewis

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/5/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LEWIS, KEITH W**
 STREET ADDRESS **664 SIOUX AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **VP, S, T** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEWIS, JOANNE C**
 STREET ADDRESS **664 SIOUX AVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **P** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Keith W. Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 321-951-1217

CR2E034 (10/00)