

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076274

1. Entity Name

PROHERBAL, INC.

APPROVED
AND
FILED

01 JUN 11 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

525 JOHN KNOX RD.
TALLAHASSEE FL 32303

Mailing Address

525 JOHN KNOX RD.
TALLAHASSEE FL 32303

2. Principal Place of Business

2069 North Monroe St.

3. Mailing Address

2069 North Monroe St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32303

Country

Leon

Zip

32303

Country

Leon

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLW INCORPORATED
525 JOHN KNOX RD.
TALLAHASSEE FL 32303

Cliff Burns

7. Name and Address of New Registered Agent

Name

Cliff Burns

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

2069 North Monroe St.

City

Tallahassee

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

Cliff Burns

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

385-2022

4-30-01

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Burns	
STREET ADDRESS	2069 North Monroe St.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	H. Dexter Porter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. Dexter Porter	
STREET ADDRESS	235 Meridianna Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry L. Harrison	
STREET ADDRESS	2803 Pound Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eddy Roy McLeod	
STREET ADDRESS	2221 Rio Vista	
CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James B. Powers	
STREET ADDRESS	1349 Old Village Rd.	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert D. Powers	
STREET ADDRESS	2141 Skyland Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Cliff Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034 (10/00)