

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 031 ***150.00

00054320

DO NOT WRITE IN THIS SPACE

DOCUMENT # 0000000858917	
1. Entity Name PROACTIVE METABOLICS CO. ✓	
Principal Place of Business 3395 NE SANTA FE BL. HIGH SPRINGS, FL 32643	Mailing Address PO BOX 35735 GAINESVILLE, FL 32635
2. Principal Place of Business 3395 NE SANTA FE BL. Suite, Apt. #, etc.	3. Mailing Address PO BOX 35735 Suite, Apt. #, etc.
City & State HIGH SPRINGS, FL Zip 32643 Country USA	City & State GAINESVILLE, FL Zip 32635 Country USA
4. FEI Number 59-3703564 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARY JULIE PORUMBESCU 7831 NW 51ST DR GAINESVILLE, FL 32653	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE CHAIRMAN & CEO NAME AUREL PORUMBESCU STREET ADDRESS 7831 NW 51ST DR CITY-ST-ZIP GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Aurel M. Porumbescu 4/25/2001 (352) 375-3395 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (11/00)