

2001 UNIFORM BUSINESS REPORT (UBR) .

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90328 005 ***150.00

0335104

DOCUMENT # P00000091068

1. Entity Name
PRO SAIL CHARTERS, INC.

Principal Place of Business Mailing Address
5241 PELICAN BLVD **5241 PELICAN BLVD**
CAPE CORAL FL 33914 **CAPE CORAL FL 33914**

2. Principal Place of Business 3. Mailing Address
5241 Pelican Blvd. **5241 Pelican Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Cape Coral FL **Cape Coral FL** **65-1050554** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33914 **U.S.A.** **33914** **U.S.A.** ☐ Fee Required

6. Name and Address of Current Registered Agent

PROHASKA, DONALD L
5241 PELICAN BLVD
CAPE CORAL FL 33914

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

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	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Donald Prohaska		NAME		
STREET ADDRESS	5241 Pelican Blvd		STREET ADDRESS		
CITY-ST-ZIP	Cape Coral FL 33914		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Elna Prohaska		NAME		
STREET ADDRESS	5241 Pelican Blvd		STREET ADDRESS		
CITY-ST-ZIP	Cape Coral FL 33914		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
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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: **Donald L Prohaska** **3-26-2001** **941 945 4655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)