FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91329 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094814

1. Entity Name
PROMAR CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13369 TOUCHSTONE PL		13369 TOUCHSTONE PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418	Country	Zip 33418	Country

4. FEI Number APPLIED FOR — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name DAVID STANBOROUGH
Street Address (P.O. Box Number is Not Acceptable) 13369 TOUCHSTONE PL.
PALM BEACH GARDENS FL — FL — Zip Code 33418

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 ____________________ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	DAVID STANBOROUGH
STREET ADDRESS	13369 TOUCHSTONE PL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	E. RONNE STANBOROUGH
STREET ADDRESS	13369 TOUCHSTONE PL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: E. Ronne Stanborough E. RONNE STANBOROUGH, VP. 5-1-02 (561) 212-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #