

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108314

1. Entity Name

PROM TECH ENTERPRISES, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90019 010 ***150.00

Principal Place of Business

266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY FL 32707

Mailing Address

266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY FL 32707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, LAWRENCE
266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY FL 32707

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

TITLE PD
NAME LEWIS, LAWRENCE
STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE STD
NAME LEWIS, CHARMINE
STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D
NAME LEWIS, CHRISTINA
STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D
NAME LEWIS, LEON
STREET ADDRESS 266 WILSHIRE BOULEVARD
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D
NAME LEWIS, SHIRLEY
STREET ADDRESS 266 WILSHIRE BOULEVARD
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D
NAME ARIF, MOHD
STREET ADDRESS 266 WILSHIRE BOULEVARD
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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:

Lawrence Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-04-2001 407-263-3000

Date

Daytime Phone #

CR2E034 (10/00)