

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 022 ***550.00

DOCUMENT # P01000005908

1. Entity Name

PRO DESIGN OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
960 CHALMERS DR., UNIT 103
MARCO ISLAND FL 34145

Mailing Address
960 CHALMERS DR., UNIT 103
MARCO ISLAND FL 34145

2. Principal Place of Business

960 Chalmers DR.
Suite, Apt. #, etc.
Unit 108

3. Mailing Address

960 Chalmers DR.
Suite, Apt. #, etc.
Unit 108

City & State

MARCO Island FL

City & State

MARCO Island FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number

59-3692683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BLAINE, DARIAN**
STREET ADDRESS **102 GREENVIEW STREET**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **STD** ☐ Delete
NAME **BLAINE, JENNIFER**
STREET ADDRESS **102 GREENVIEW STREET**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE DARIAN BLAINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-03

Daytime Phone #

239 393 9111

CR2E034 (4/03)