

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90102 033 ***150.00

DOCUMENT # P01000017447

1. Entity Name
PRO-LIFT FINGERPRINT COLLECTION SYSTEM, INC.

Principal Place of Business

2407 FALCON CT.
BRADENTON FL 34209

Mailing Address

2407 FALCON CT.
BRADENTON FL 34209

2. Principal Place of Business

206 CAMELLIA WAY

3. Mailing Address

206 CAMELLIA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HENDERSONVILLE, N.C.

City & State

HENDERSONVILLE, N.C.

Zip

28739

Country

USA

Zip

28739

Country

USA

4. FEI Number

65-108-9968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSIMO, JOHN M SR.

2407 FALCON CT.

BRADENTON FL 34209

206 CAMELLIA WAY

HENDERSONVILLE, N.C.

28739

7. Name and Address of New Registered Agent

Name

RONALD M. PEELES

Street Address (P.O. Box Number is Not Applicable)

3011 48 AVE. EAST

City

BRADENTON

FL

34203

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)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSIMO, JOHN M SR.	
STREET ADDRESS	2407 FALCON CT.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASSIMO, LINDA L	
STREET ADDRESS	2407 FALCON CT.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. MASSIMO SR.	
STREET ADDRESS	206 CAMELLIA WAY	
CITY-ST-ZIP	HENDERSONVILLE, N.C. 28739	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA L. MASSIMO	
STREET ADDRESS	206 CAMELLIA WAY	
CITY-ST-ZIP	HENDERSONVILLE, N.C. 28739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *John M. Massimo Sr.* **4-25-02 828-692-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)