

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-06-2002 90132 009 ***150.00

DOCUMENT # P01000116632

1. Entity Name

PRO-PLUS GOLF SERVICES, INC.

Principal Place of Business

1029 W. MAGNOLIA ST.
 LEESBURG FL 34748

Mailing Address

1029 W. MAGNOLIA ST.
 LEESBURG FL 34748

2-21-02

2. Principal Place of Business

149 County Line Rd
 P.O. Box 337

3. Mailing Address

P.O. Box 337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bowling Green, Fl.

City & State

Bowling Green, Fl.

FBI Number

26-004390

Applied For

Not Applicable

33834

Country

33834

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUGGAN, J. ROBERT
 1029 W. MAGNOLIA ST.
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name: MARtha B. Lyle
 Street Address (P.O. Box Number is not acceptable): 4205 S.R. 546

City: Haines City FL 33844

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

MARtha B. Lyle

MARtha B. Lyle

2-21-02

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, 2002 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: D ☐ Delete
 NAME: LYLE, MARTHA B
 STREET ADDRESS: 4205 SR 546
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

MARtha B. Lyle MARtha B. Lyle 2-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-422-8730

CR2E034 (9/01)