

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90131 034 ***150.00

DOCUMENT # P01000116664

1. Entity Name
PROL HOME IMPROVEMENT INC.



Principal Place of Business
30325 S.W. 154TH COURT
LEISURE CITY FL 33033

Mailing Address
30325 S.W. 154TH COURT
LEISURE CITY FL 33033

2. Principal Place of Business

3. Mailing Address

P.O. Box 924199

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Princeton, FL

Zip

Country

Zip
33092

Country
USA

4. FEI Number 65-1157488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROL, JOSE M
30325 S.W. 154TH COURT
LEISURE CITY FL 33033

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PROL, JOSE M
STREET ADDRESS 30325 S.W. 154TH COURT
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE PD ☒ Change ☐ Addition
NAME Prol, Jose M
STREET ADDRESS P.O. Box 924199
CITY-ST-ZIP Princeton, FL 33092

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

Daytime Phone #

CR2E034 (10/02)