

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 018 ***150.00

DOCUMENT # P02000034069

1. Entity Name
PRO GOLF CARS, INC.



Principal Place of Business
ROUTE 13, BOX 318
LAKE CITY FL 32055

Mailing Address
P. O. BOX 1523
LAKE CITY FL 32056

10031103



2. Principal Place of Business

3. Mailing Address

12121 SE Hwy 441
Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bellevue FLA

City & State

4. FEI Number

Applied For

Not Applicable

Zip
34420

Country
M

Zip

Country

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

PEACOCK, RONALD H
RT. 13, BOX 318
LAKE CITY FL 32055

Name

Ernest W. Donald

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

12121 SE Hwy 441

City

Bellevue FLA

FL

Zip Code

34420

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 Ernest W. Donald

Ernest W. Donald

4/25/03

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
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME HOWARD, BARNARA JOAN
STREET ADDRESS 2136 MARGARITA DRIVE
CITY-ST-ZIP THE VILLAGES FL 31259

TITLE Latrelle Ray ☒ Change ☐ Addition
NAME 260 Airport Square
STREET ADDRESS Adel GA 31620
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DONALD, ERNEST WILLIAM
STREET ADDRESS 119 3RD STREET
CITY-ST-ZIP VIENNA GA 31093

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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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: Ernest W. Donald

4/25/03

Date

Daytime Phone #

352-239-4444

CR2E034 (10/02)