

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90232 031 ***150.00

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DOCUMENT # P02000096246

1. Entity Name
PROSIGHT, INC.



Principal Place of Business
**417 CASSAT AVE.
JACKSONVILLE FL 32254**

Mailing Address
**417 CASSAT AVE.
JACKSONVILLE FL 32254**

2. Principal Place of Business
1915 County Road 220
Suite, Apt. #, etc.

3. Mailing Address
1915 County Road 220
Suite, Apt. #, etc.

City & State
Orange Park, Florida
Zip
32003
Country
USA

City & State
Orange Park, Florida
Zip
32003
Country
USA

4. FEI Number
36-4513461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SVENDSEN, PATSY B
417 CASSAT AVE.
JACKSONVILLE FL 32254**

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 _____
(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☒ Delete
NAME **SVENDSEN, PATSY B**
STREET ADDRESS **417 CASSAT AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **PD** ☐ Change ☒ Addition
NAME **Henry J. Borg**
STREET ADDRESS **1915 County Road 220**
CITY-ST-ZIP **Orange Park, Florida 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

4-30-2003 904-389-4500
Date Daytime Phone #

CR2E034 (10/02)