

FILED  
Apr 11, 2003 8:00 am  
Secretary of State

04-11-2003 90224 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000109315

1. Entity Name  
PROUTY INC.



Principal Place of Business  
26426 SACKAMOXON DR  
SORRENTO, FL 32776

Mailing Address  
26426 SACKAMOXON DR  
SORRENTO, FL 32776

2. Principal Place of Business  
1701 Cobble Lane

3. Mailing Address  
1701 Cobble Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Mt Dora FL 32757

City & State  
Mt Dora FL 32757

4. FEI Number  
56-2296764

Applied For  
Not Applicable

Zip  
32757

Country

Zip  
32757

Country

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

6. Name and Address of Current Registered Agent

PROUTY, KRISTIE  
26426 SACKAMOXON DR  
SORRENTO, FL 32776

7. Name and Address of New Registered Agent

Name  
Kristie Prouty

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

1701 Cobble Lane

City  
Mt Dora

FL

Zip Code  
32757

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 resigning)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PROUTY, KRISTIE  
26426 SACKAMOXON DR  
SORRENTO, FL 32776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
PROUTY, FRANCIS  
26426 SACKAMOXON DR  
SORRENTO, FL 32776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director  
Kristie Prouty  
1701 Cobble Lane  
Mt Dora FL 32757 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres/Director  
Francis Prouty  
1701 Cobble Lane  
Mt Dora FL 32757 ☒ Change ☐ Addition

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

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

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

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

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

04-09-03 352/735-6576  
Date Daytime Phone #

CR2E034 (10/02)