

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110275

1. Entity Name
PRO IMAGE NATIONAL HAIL TEAM, INC.



Principal Place of Business
4270 ALOMA AVENUE
WINTER PARK FL 32792

Mailing Address
4270 ALOMA AVENUE
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2387859

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

ARLEN, DONALD L
4270 ALOMA AVENUE
WINTER PARK FL 32792

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
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARLEN, DONALD L
4270 ALOMA AVENUE
WINTER PARK FL 32792

☐ Delete

TITLE
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CITY-ST-ZIP
300020940808
06/17/03--01080--022 **150.00

☐ Change ☐ Addition

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☐ 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:

Donald L. Arlen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-03 407-415-9175

CR2E034 (10/02)

0097219 AV

FILED

03 JUN 10 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Attachment
JOC#PO2000110275

	Initials	Date
Prepared By		
Approved By		

© WILSON JONES

G7504 ColumnWrite ®

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3

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6-6-03

To Whom It May Concern,

PLEASE ACCEPT OUR APOLOGIES FOR NOT
SENDING THIS REPORT BY MAY 1ST 2003 AS
REQUIRED.

I WAS ON THE WEST COAST TENDING
TO A FAMILY FUNERAL AND CLOSING THE
FAMILY ESTATE DURING THE MONTHS OF
APRIL & MAY 2003. THE PERSON I TOLD
TO HANDLE OUR ACCOUNTING AND GENERAL
PAPERWORK QUIT WITHOUT NOTICE DURING
MY ABSENCE.

I CALLED YOUR OFFICES ON 6-6-03
AND SPOKE WITH A VERY NICE LADY EXPLAINING
THE SITUATION. SHE ADVISED ME TO WRITE
THIS LETTER AND SEND OUR CK #1529 FOR
\$150. AND THAT IT WOULD BE ACCEPTABLE!

Any Questions PLEASE CALL
ME AT 407-415-9175

THANKING YOU IN ADVANCE,

David G. White