

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90763 025 ***150.00

DOCUMENT # P02000117161

1. Entity Name
PRO DESIGN INTERNATIONAL, CORP



Principal Place of Business
1288 RAINBOW CT.
NAPLES FL 34110

Mailing Address
1288 RAINBOW CT.
NAPLES FL 34110

2. Principal Place of Business

824 TANBARK A
Suite, Apt. #, etc. 101
CITY & STATE NAPLES, FLORIDA

3. Mailing Address

824 TANBARK A
Suite, Apt. #, etc. 101
CITY & STATE NAPLES, FLORIDA

Zip
34108

Country
USA

Zip
34108

Country
USA

4. FEI Number

51-0434854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

INOJOSA, MARIANO P
1288 RAINBOW CT.
NAPLES FL 34110

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

(Signature)
Signature typed or printed name of registered agent and title if applicable.

MARIANO P. Inojosa
(NOTE: Registered Agent signature required when reinstating)

DATE

03/06/2003

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	VS INOJOSA, MARIANO P 1288 RAINBOW CT. NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2003 (135) 273-088

Date

Daytime Phone #

CR2E034 (10/02)