

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

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90227 043 ***150.00

DOCUMENT # P04000014783	
1. Entity Name	
PROKOTE PAINTING INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11085 BLUE RONE CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32257	Country	Zip	Country

14008158

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1213559		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LAURANCE O MYERS	
Street Address (P.O. Box Number is Not Acceptable) 11085 BLUE ROAN CT	
City JACKSONVILLE	FL
Zip Code 32257	

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAURANCE O MYERS 11085 BLUE ROAN CT JACKSONVILLE, FL. 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER LAURANCE O MYERS 11085 BLUE ROAN CT JACKSONVILLE, FL. 32257
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

LAURANCE O MYERS PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-262-5943

Daytime Phone #