

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90082 014 ***150.00

0133519

DOCUMENT # P93000031874

1. Entity Name

PRO-WAX, INC.

Principal Place of Business

~~1800 SW 81ST AVE
 BOX 180
 NORTH LAUDERDALE FL 33068~~

Mailing Address

~~1800 SW 81ST AVE
 BOX 180
 NORTH LAUDERDALE FL 33068~~

NEW ADDRESS

2. Principal Place of Business

PRO-WAX-INC.

3. Mailing Address

PRO-WAX INC.

Suite, Apt. #, etc.

18281 Wolbrette Circle

Suite, Apt. #, etc.

P.O. Box 2672

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33948

Country

Charlotte

Zip

33949

Country

Charlotte

4. FEI Number

16-8283869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DRESSEL, LARRY
 8084 W. MCNAB RD.
 BOX 180
 NORTH LAUDERDALE FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **DRESSEL, LARRY**
 STREET ADDRESS **8084 W. MCNAB RD., BOX 180**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LARRY DRESSEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

Daytime Phone #

CR2E034 (10/00)

941-235-7411