

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047970

1. Entity Name

PROCTOR ENTERPRISES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90051 008 ***150.00

Principal Place of Business

2400 N FLORIDA MANGO RD
W PALM BEACH FL 33409
US

Mailing Address

2400 NORTH FLORIDA MANGO RD
W PALM BEACH FL 33409-6418
US

2. Principal Place of Business

1630 NW 3rd ST

Suite, Apt. #, etc.

3. Mailing Address

1630 N.W. 3rd ST.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

65-0423349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, S. HOWARD
399 W PALMETTO PARK RD
SUITE 102
BOCA RATON FL 33432

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, 2000 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 **P** ☐ Delete
NAME **PROCTOR, PERI**
STREET ADDRESS **1561 SW 16TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33486**

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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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PERI PROCTOR, 3-9-2000 954-427-3232

CR2ER34 (9/99)