

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071882

1. Entity Name
PRO WORKS, INC.Principal Place of Business
29302 S.W. 193RD COURT
HOMESTEAD FL 33030

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

4. City & State

5. Zip Country

4. FEI Number 65-0443124
Applied For
Not Applicable5. 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

MEYER, VICKIE
29302 SW 193RD COURT
HOMESTEAD FL 33030

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME MEYER, VICKIE M.
STREET ADDRESS 29302 SOUTHWEST 193 COURT
CITY-ST-ZIP HOMESTEAD FL Delete Change AdditionTITLE S
NAME MEYER, REX R
STREET ADDRESS 29302 SOUTHWEST 193 COURT
CITY-ST-ZIP HOMESTEAD FL Delete Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete Change Addition

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: *Vickie M. Meyer* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

321-752-4446

Date

Daytime Phone #

0118773
AVFILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90067 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)