

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 021 ***150.00

0413284 AV

DOCUMENT # P94000016878

1. Entity Name

PROACTIVE BUSINESS SOLUTIONS, INC.



Principal Place of Business
100 N.W. 12TH AVE.
DEERFIELD BEACH FL 33442

Mailing Address
111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442
US



2. Principal Place of Business

100 JIM MORAN BLD
Suite, Apt. #, etc.

3. Mailing Address

100 JIM MORAN BLD.
Suite, Apt. #, etc. LEGAL DEPT
MAILDROP JMFDF018

☐ CHECK HERE IF MAKING CHANGES

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number 65-0473739

Applied For
Not Applicable

Zip 33442
Country USA

Zip 33442
Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, COLIN W | |
| STREET ADDRESS | 100 N.W. 12TH AVE. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMAS, GARY L | |
| STREET ADDRESS | 100 N.W. 12TH AVE. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORAN, PATRICIA G | |
| STREET ADDRESS | 100 N.W. 12TH AVE. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WARD, L. TAYLOR III | |
| STREET ADDRESS | 100 NW 12TH AVE | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WHELAN, JOHN J | |
| STREET ADDRESS | 100 NW 12TH AVE | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CZUBAY, KENNETH M | |
| STREET ADDRESS | 100 NW 12TH AVE | |
| CITY-ST-ZIP | DEERFIELD BCH FL 33442 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, COLIN W | |
| STREET ADDRESS | 100 JIM MORAN BLD | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, GARY L. | |
| STREET ADDRESS | 100 JIM MORAN BLD | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORAN, PATRICIA G. | |
| STREET ADDRESS | 100 JIM MORAN BLD. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARD, L. TAYLOR III | |
| STREET ADDRESS | 100 JIM MORAN BLD. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHELAN, JOHN J | |
| STREET ADDRESS | 100 JIM MORAN BLD. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CZUBAY, KENNETH M. | |
| STREET ADDRESS | 100 JIM MORAN BLD. | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |

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:

JOHN J. WHELAN
SECRETARY 04/24/03 954-420-4617
DATE DAYTIME PHONE #

CR2E034 (10/02)