## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P94000027070** PROXIMAL, INC. 05-11-2000 90313 048 \*\*\*150.00 Principal Place of Business Mailing Address 11701 BELCHER RD S 11701 BLECHER RD S 123 123 LARGO FL 33773-5117 LARGO FL 33773 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3235493 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, RANDALL D Street Address (P.O. Box Number is Not Acceptable) 11701 BELCHER RD S **STE 123 LARGO FL 33773** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition VTD Delete VTSD ROSS, RANDALL D. TITLE ROSS, RANDALL D NAME NAME STREET ADDRESS 11701 BELCHER RD S STE 123 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF largo fl Addition **PSD** Oelete HARCHAND, SAM R. MARCHAND, SAM R. NAME NAME STREET ADDRESS 11701 BELCHER RD S STE 123 STREET ADDRESS CITY ST ZIE CITY-ST-ZIP LARGO FL Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE ्राप्तास्याः व्यवस्य स्त्राप्ताः NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ... CITY-ST-ZIP . 3 ☐ Change Addition Delete TITLE TITLE

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 ampowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

KANDALL D. ROSS 1-15-00
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

727.535.3305

Daytime Phone #