

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90149 043 ***150.00

DOCUMENT # P94000046651

1. Entity Name
TOU-PRO, INC.



Principal Place of Business
400 VINEYARDS BLVD.
NAPLES FL 34119
US

Mailing Address
6017 PINE RIDGE RD
#255
NAPLES FL 34119
US



2. Principal Place of Business

5405 Taylor Road

3. Mailing Address

5405 Taylor Road

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

US

Zip

34109

Country

US

4. FEI Number **65-0506130**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROGERS, ROBERT
98 VINEYARDS BLVD
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

75 Vineyards Blvd.

City

Naples

FL

Zip Code

34119

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 **DPT** ☐ Delete
NAME **TOUSSEL, JOHN H JR**
STREET ADDRESS **263 MONTEREY DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **DVS** ☐ Delete
NAME **PROCACCI, MARIA**
STREET ADDRESS **263 MONTEREY DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 239-254-4400

CR2E034 (10/02)