

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90135 002 \*\*\*150.00

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**DOCUMENT # P94000052270**

1. Entity Name  
**2 PRO, INC.**



Principal Place of Business  
**10361 W SAMPLE RD  
CORAL SPRINGS FL 33065  
US**

Mailing Address  
**10361 W SAMPLE RD  
CORAL SPRINGS FL 33065  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0505211**

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**

**FISCHER, RICHARD B  
11510 W. SAMPLE RD  
CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**

Name **GILLIAN GIBSON SERRETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**17337 32ND LANE NORTH**  
City **LOXAHATCHEE** FL Zip Code **33470**

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 *X Gillian Gibson-Serrette*

*X 04-12-03*

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 **P** ☐ Delete  
NAME **VAZQUEZ, YVONNE**  
STREET ADDRESS **3470 NW 112TH AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VP** ☐ Delete  
NAME **HODGE, GILLIAN S**  
STREET ADDRESS **3470 NW 112TH AVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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 **Yvonne Gibson-Serrette**  
STREET ADDRESS **17337 32ND LANE North**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☒ Change ☐ Addition  
NAME **GILLIAN GIBSON SERRETTE**  
STREET ADDRESS **17337 32ND LANE North**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *X Gillian Gibson-Serrette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 04-12-03*

Date

*X 954-346-7180*

Daytime Phone #

CP25034 (10/02)