## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P95000003403

1. Entity Name PROCHECK PLUS. INC.



## Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90171 043 \*\*\*150.00

PRIOR PRIOR PRIOR DISTRICT  A S B  A A A S B  A A A S B B  A A A S B B  A A A S B B  A A A S B		,			16						
ACKSOWILE EACH FL 3229 US 2. Principal Place of Business  Suite, Apl. #, etc.  Suite, Apl. #, etc.  Cry & State  Cry & Sta	1401 PENMAN RD.			1401 PENMAN RD.							
US 2. Principal Purse of Business 3. Mailing Address  Suite, Aprl #, etc.  Suite, Aprl #, etc.  Suite, Aprl #, etc.  Cry & State  Cry & State  Cry & State  Country  S. Certificate of Slatus Desired  S. Certificate of Slatus Desired of Serial Approximate Serial Appr							ļ			11 <b>5 5</b> 41141 <b>5 14</b> 11	8 Piese 2114 ( 18 P)
Skille, Apl. #, etc.   Suite   City & State   City & City											
Suite, Apt. #, etc.										HAD HAM BADA	
City & State  Country  Country  S. Certificate of Status Desired  S.7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Addr	·										
Zip Country Zip Country 5: Certificace of Status Desired Address of New Registered Agent  Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	Suite, Apt. #, etc.										
BROUGHTON, WILLIAM M 1401 PENMAN ROAD SUITE A 8 B  JACKSONVILLE BEACH FL 32250  6. 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 originators of registered agent, or both, in the State of Florida. I am familiar with, and accept the originators of registered agent.  SIGNATURE  FUE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  BROUGHTON, WILLIAM M NAME STRET ADDRESS  OTY-ST-2P  TILE  MAKE SIRET ADDRESS  OTY-ST-2P  TILE  MAKE STRET ADDRESS  OTY-ST-2P  TILE  TILE  C Charge Addition  MAKE STRET ADDRESS  OTY-ST-2P  TILE  TILE  C CARRES  OTY-ST-2P  Addition  MAKE STRET ADDRESS  OTY-ST-2P  TILE  TILE  C CARRES  ADDRESS  OTY-ST-2P  ADDRESS  OTY-ST-2P  TILE  TILE  C CARRES  ADDRESS  TILE	City & State						4. 1	59-3285912		No	t Applicable
BROUGHTON, WILLIAM M 1401 PEMMAN ROAD SUITE A & B JACKSONVILLE BEACH FL 32250  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obigations of registered agent.  SIGNATURE    Signature, passe or primer arms of registered agent.   MOTE   Registered Agent agrinture received attention to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obigations agree are too registered agent.   MOTE   Registered Agent agrinture received attention to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obigations of registered agent.   MOTE   Registered Agent agrinture received attention to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obigations of registered agent.   MOTE   MOTE   Registered Agent agrinture received attention to the purpose of changing its registered agent.   Other   MOTE   MOTE   Registered Agent agrinture received attention to the purpose of changing its registered agent.   Other   MOTE   Registered Agent agrinture received attention to the purpose of registered agent.   Other   MOTE   Registered Agent agrinture received attention to the purpose of registered agent.   Other   State   Other   State   Other   State   Other   State   Other   State   Other   Other	Zip 	Country	ntry Zip		Country		5. (	Certificate of Status Desired			
BROUGHTON, WILLIAM M 1401 PENMAN ROAD SUITE A & B  JACKSONVILLE BEACH FL 32250  City  FL  Zip Code  City  FL  Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the college of the purpose o		6. Name and Address of Current I	Register	ed Agent		<u>, , , , , , , , , , , , , , , , , , , </u>	7. N	Name and Address of New Reg	istered A	gent	
1401 PENMAN ROAD SUITE A & B JACKSONVILE BEACH FL 32250  6. 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. Lam familiar with, and accept the obligations of registered agent agent agent agent agent agent agent agent or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent a					,	Name					
### City   FL   Zip Code  ### City	1.6				5	Street Address (P.O. Box Number is Not Acceptable)					
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 prefera name or septembrid agent and that applicable.   RNOTE Registered Agent signature required aleas retaining   DATE	SUITE A & B										
SIGNATURE   Signature, hypod or private name of registered agent appointance (NOTE: Registered Agent signature received when resinature)   DATE	JACKSON	IVILLE BEACH FL 32250		C	City			FL	Zip Code	е	
Signature, speed or priessor amond recipitance again and 1550 if applicable.   (NOTE: Recipitance Again signature required ahore institution)   (NOTE: Recipitance Again signature)   (NOTE: Recipitance Again signature required ahore institution)   (NOTE: Recipitance Again signature require											
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME 1840 12 OAKS IN EAST STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET AD	SIGNATURE										
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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:

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