

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90017 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000009221**

1. Entity Name  
**PRO-AIR OF TALLAHASSEE, INC.**

Principal Place of Business

**3048-A W. THARPE ST.  
TALL FL 32303  
US**

Mailing Address

**606 ST PATRICK DR  
TALLAHASSEE FL 32310  
US**

2. Principal Place of Business

**5505-A Capital Tennessee Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

4. FEI Number

**59-3290588**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, BRIAN T  
245 EAST WASHINGTON ST.  
MONTICELLO FL 32344**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **MILLS, KELLY**  
CITY-ST-ZIP **606 ST PATRICK DR  
TALL FL**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **FULLER, BRUCE**  
CITY-ST-ZIP **1112 S. MAGNOLIA, APT 0102  
TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition  
NAME **Fuller, Bruce**  
STREET ADDRESS **P.O. Box 623**  
CITY-ST-ZIP **St. Marks, FL 32355**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **MILLS, TOM**  
CITY-ST-ZIP **606 ST. PATRICK DR.  
TALLAHASSEE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 empowered.

SIGNATURE:

**Kelly Mills DEQU Kelly Mills**

Date

**4/17/02**

Daytime Phone #

**576-7361**

CR2E034 (9/01)