## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P95000030138

1. Entity Name
PROPEST INDI ISTRIES, INC



**FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90158 042 \*\*\*150.00

PROPEST INDUSTRIES, INC.											
Principal Pla 464 BLUE LA N. FORT MYE		Mailing Address 464 BLUE LAGOON LANE N. FORT MYERS FL 33903									
2. Principal:	Place of Business	3. Mailing Address							111 <b>1110</b> 1 11 <b>11</b>	1 (116) 1811 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1	☐ CHECK HERE IF	MAKING	CHANGE	S	
City & State		City & State				4.	FE! Number <b>65-0575020</b>		_	Applied For	
Zip Country		Zip Co.			ntry	5. Certificate of Status Desire			¢9.75 Additional		
•	6. Name and Address of Curren	t Register	ed Agent	·	<del> </del>	7. 1	Name and Address of New Rec				
				Name							
6. Name and Address of Current  WILLIAM M CORLESS  464 BLUE LAGOON LANE N FT. MYERS FL 33903  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of the control of the c				Street Address (P.O. Box Number is Not Acceptable)							
			,		Circuit Addices	(1.0.2	ox realiser is real Acceptable,				
N FT. MY	ERS FL 33903				1						
					City			FL	Zip Co	de	
8. The above	e named entity submits this statement f	or the purp	oose of changing its	register	ed office or registe	red ag	ent, or both, in the State of Florid		<u>I</u> amiliar with	n, and accept	
ine obliga	mons of registered agent.										
SIGNĂTURE	Signature, Noed or printed perso of registered agen	t and title if an	nicable /NOTE	: Bacistara	d Agent signature require	d when s	Nontrine)	DATE			
			1	. riegistere	o Agent algriditora raquire	u whomie	jiiiotatuig)	UAIE			
Afte	r May 1, 2003 Fee will be \$550.00	of State					Selection Campaign Finar     Trust Fund Contribution.	cing		00 May Be ed to Fees	
			l PRS	11,		AD	L DITIONS/CHANGES TO OFFICE	FRS AND	DIRECTO		
	P		☐ Delete	TITL	E				Change		
NAME	CORLESS, WILLIAM M			NAM	E						
STREET ADDRESS	464 BLUE LAGOON LANE				EET ADDRESS						
CITY-ST-ZIP	N. FORT MYERS FL 33903			CITY	-ST-ZIP						
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NAME			☐ Delete	TITLE	1				Change	Addition	
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CITY-ST-ZIP					-ST-ZIP						
TITLE	7	•	☐ Delete	TITLE	: -		- W-4		☐ Change	Addition	
NAME				NAME	<b>E</b>						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY-	-ST-ZIP						
12 Thereby a	partify that the information augustical with	Alada Kiliman	ala a a la ak a la life i fala	41			10.07(0)(1)				

oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tours and that my signature shall have the same legal effect as if made under oath; that I am an officer or director legals this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empowered. indicated on this report or supplemen of the corporation or the receive changed, or on an attachment

SIGNATURE: மிடி

4-2-03 239 656 5600