

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90428 023 ***150.00

DOCUMENT # P950000 47925

1. Entity Name

PRO White Ceilings INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1431 LEWIS STREET

Suite, Apt. #, etc.

UNIT # 166

City & State

FERNANDINA Bch FL.

Zip

32034

Country

USA

3. Mailing Address

2513 PIRATES BAY DR.

Suite, Apt. #, etc.

City & State

FERNANDINA Bch. FL.

Zip

32034

Country

USA

4. FEI Number

65-0589857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City
Miami

FL

Zip Code
33145

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.

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) ☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P, T
CARL O'ROURKE
2513 PIRATES BAY DR.
FERNANDINA Bch FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V, S
KARA O'ROURKE
2513 PIRATES BAY DR.
FERNANDINA Bch FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: KARA S. O'ROURKE

Kara S. O'Rourke

4/11/02

(904) 277-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #