

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0080914 AV

DOCUMENT # P95000091822

1. Entity Name
PRONET OF THE AMERICAS, INC.

02-11-2002 90180 032 ***158.75

Principal Place of Business
3425 LAKE CENTER DRIVE
SUITE 1
MT DORA FL 32757
US

Mailing Address
3425 LAKE CENTER DRIVE
SUITE 1
MT DORA FL 32757
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-3354041**
 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

7. Name and Address of New Registered Agent

HUGHES, F. FRANCIS
3425 LAKE CENTER DRIVE
SUITE 1
MT DORA FL 32757

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	FOLEY, THOMAS D	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUGHES, F. FRANCIS	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCEWEN, WILLIAM	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIZARD, PEDRO L	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY C	
STREET ADDRESS	3425 LAKE CENTER DRIVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **FRANCIS HUGHES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02 (352) 735-3022
Date Daytime Phone #

CR2E034 (9/01)