

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056509

1. Entity Name
PRO COM NETWORKS, INC.

Principal Place of Business

3223 19TH PLACE SW
LARGO FL 33774
US

Mailing Address

3223 19TH PLACE SW
LARGO FL 33774
US

2. Principal Place of Business

1123 FAY AVE

Suite, Apt. #, etc.

3. Mailing Address

1123 FAY AVE

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

USA

City & State

Spring Hill, FL

Zip

34609

Country

USA

6. Name and Address of Current Registered Agent

JEWELL, ROGER D
8440 ULMERTON ROAD
UNIT 510
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

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

1123 FAY AVE

City

Spring Hill

FL

Zip Code

34609

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

Roger D Jewell

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

(NOTE: Registered Agent's 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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JEWELL, ROGER D 3223 19TH PL SW LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JEWELL, DAVID M 1201 SUMNER BLVD SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAVALLEE, RANDY L 13333 RIDGE RD #2101 LARGO FL 33778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAMBERS, CHRISTOPHER L 7120 ONYX DRIVE N ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	X Rhonda Jewell 1123 FAY AVE Spring Hill FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	I Roger D Jewell 1123 FAY AVE Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Rhonda Jewell 1123 FAY AVE Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rhonda Jewell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01

352-626-9191

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90207 031 ***150.00

40066270



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)