

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000057997**1. Entity Name
PROSCAPE SERVICES, INC.**Principal Place of Business**

2569 CONGAREE DRIVE WEST

JACKSONVILLE

32211

FL

US

Mailing Address

2569 CONGAREE DRIVE W

JACKSONVILLE

32211

FL

2. Principal Place of Business

3540 HERMITAGE RD. E.

3. Mailing Address

P O BOX 8246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE

FL

City & State

JACKSONVILLE

FL

Zip
32277Country
USZip
32239Country
US**4. FEI Number****59-3389609**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ALLEN WILLIAM S
2569 CONGAREE DRIVE WJACKSONVILLE
32211

FL

7. Name and Address of New Registered Agent**Name**

ALLEN WILLIAM SDTP

Street Address (P.O. Box Number is Not Acceptable)
3540 HERMITAGE RD. E.City
JACKSONVILLE

FL

Zip Code
32277

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 **WILLIAM S. ALLEN**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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	DS	<input type="checkbox"/> Delete
NAME	ALLEN ERIC C	
STREET ADDRESS	2569 CONGAREE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALLEN SCOTT L	
STREET ADDRESS	2569 CONGAREE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	ALLEN WILLIAM S	
STREET ADDRESS	2569 CONGAREE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN ERIC C	
STREET ADDRESS	3540 HERMITAGE RD.E.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN SCOTT L	
STREET ADDRESS	3540 HERMITAGE RD. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN WILLIAM S	
STREET ADDRESS	3540 HERMITAGE RD. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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		
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: WILLIAM S. ALLEN

DPT

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)