

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Pa6066079519**

1. Entity Name
PRO'S ARE US, INC.

APPROVED
AND
FILED

00 MAR 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**5115 N. SOCRUM LOOP
apt. 446
Lakeland, FL 33810**

2. Principal Place of Business
3504 Century Blvd.

3. Mailing Address
P.O. Box 91418

Suite, Apt. #, etc.
Unit 4

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33809

Country
USA

Zip
33804

Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Walton A. Frier II
5115 N Socrum Loop Rd.
apt. 446
Lakeland, FL 33810**

7. Name and Address of New Registered Agent

Name **Walton A. Frier II**
Street Address (P.O. Box Number is Not Applicable)
3504 Century Blvd Unit 4
City **Lakeland** FL **33811**

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 **Walton A. Frier II**

3/23/00

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) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **Pres-Vice President-Director** ☐ Delete
NAME **Walton A. Frier II**
STREET ADDRESS **3504 Century Blvd Unit 4**
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Conna O. Frier**
STREET ADDRESS **3504 Century Blvd Unit 4**
CITY-ST-ZIP **Lakeland, FL 33811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500003198925--3
-04/06/00--01095--013
******300.00 ****300.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
BARB

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Walton A. Frier II**

3/23/00

863-701-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



3504 Century Boulevard, Unit 4, Lakeland, Florida 33811 • (863) 701-7767 • Fax (863) 647-0937

March 23, 2000

**Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314
Attn: Michelle Milligan**

Dear Michelle:

**We moved and I did not receive my corporate filing information.
Would you please except this check for \$ 300.00 for reinstatement of
our corporation? The check is for 1999 and 2000.**

**Thank you very much for all your assistance. If for some reason this is
not filled out properly, please give me a call at 863-701-7767 or mail it
back to me with what I need to do.**

Thanking you again.

Yours truly,

Conna J. Frier