

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080293

1. Entity Name

PRO CONNECTION, INC.

Principal Place of Business

PRO CONNECTION INC
8401 W. SAMPLE RD.
POMPANO BEACH FL 33065

Mailing Address

PRO CONNECTION, INC.
P.O. BOX 857
THOMASVILLE GA 31799

2. Principal Place of Business

Pro Connections Inc

3. Mailing Address

Suite, Apt. #, etc.

8401 W Sample Rd #33

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33065

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

602405

4. FEI Number 59-3410280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUMOLO, PATRICIA
8401 W. SAMPLE RD. 33
POMPANO BEACH FL 33065

7. Name and Address of New Registered Agent

Name Patricia Tumolo

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

8401 West Sample Rd

#33

City

Coral Springs

FL

Zip Code

33065

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

Patricia Tumolo

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

(NOTE: Registered Agent signature required when reinstating)

1/6/01

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 ☐ Delete
P WALKER, LYNN
STREET ADDRESS 9345 CHISHOLM RD, 11
CITY-ST-ZIP PENSACOLA FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Lynn E Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01

Date

229-228-7370

Daytime Phone #

CR2E034 (10/00)

0580133