

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023993

1. Entity Name
PROACTIVE TECHNOLOGIES LIMITED, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90090 049 ***150.00

Principal Place of Business 1940 W BAY DR #4 LARGO FL 33770-3024	Mailing Address 1940 W BAY DR #4 LARGO FL 33770-3024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 SOUTH BELCHER RD., STE 12	3. Mailing Address 1000 SOUTH BELCHER RD., STE 12
Suite, Apt. #, etc. Suite 12	Suite, Apt. #, etc. SUITE 12
City & State LARGO, FL.	City & State LARGO, FL.
Zip 33771-3307	Country USA

4. FEI Number 59-3444365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DRIZIN, SCOTT L 1940 W BAY DR #4 LARGO FL 33770-3024	7. Name and Address of New Registered Agent Name DRIZIN, SCOTT L. Street Address (P.O. Box Number is Not Acceptable) 1000 SOUTH BELCHER RD., Ste. 12 City LARGO FL Zip Code 33771
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIZIN, SCOTT L 1940 W BAY DR #4 LARGO FL 33770-3024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIZIN, SCOTT L. 1000 SOUTH BELCHER RD, Ste. 12 LARGO FL. 33771-3307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SCOTT M 1000 SOUTH BELCHER ROAD, STE. 12 LARGO FL 33771-3037 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Scott L. Drizin Scott L. Drizin 01/29/01 727 538 2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)