

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044136

Entity Name

XL-PRO, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90059 037 \*\*\*150.00

Principal Place of Business

P.O. BOX 30457  
PALM BEACH GARDENS FL 33410

Mailing Address

P.O. BOX 30457  
PALM BEACH GARDENS FL 33420-0457

040414



DO NOT WRITE IN THIS SPACE

Principal Place of Business

24 GOVERNORS COURT

3. Mailing Address

P.O. BOX 30457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0758411

Applied For

Not Applicable

Zip

33410

Country

U.S.A.

Zip

33410

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAWLINS, JOSEPH H  
24 GOVERNORS COURT  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	D RAWLINS, JOSEPH H P.O. BOX 30457 N/A PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
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LE ME REET ADDRESS Y-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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joseph H. Rawlins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 622-4283

CR2E034 (9/99)