

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90140 043 \*\*\*150.00

**DOCUMENT # P97000044490**

Entity Name

**PROSONLINE, INC.**

Principal Place of Business

**SANDY RIDGE DR.  
CLEARWATER FL**

Mailing Address

**P.O. BOX 7902  
CLEARWATER FL 33758-7902**

Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MARTIN, JOHN  
3150 SANDY RIDGE DR.  
CLEARWATER FL 33761****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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its intangible  
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****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

PD MARTIN, JOHN 2843 THAXTON DR #37 PALM HARBOR FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MARTIN, BENJAMIN R 2843 THAXTON DRIVE #37 PALM HARBOR FL 34686	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST MARTIN, COLLEEN R 2843 THAXTON DRIVE #37 PALM HARBOR FL 34686	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)