

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 29 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

prosonline, inc. P97000044490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3150 SANDY RIDGE DR

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 7902

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33761

Country

Zip
33758

Country

4. FEI Number
59-3273808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOHN F. MARTIN

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

3150 SANDY RIDGE DR

City CLEARWATER

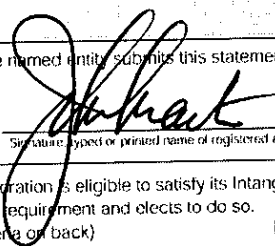
FL

Zip Code
33761

**DO NOT WRITE
IN THIS SPACE**

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



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

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee Is \$150.00
After May 1, Fee Is \$550.00
Amended UBR Is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT-CEO-DIRECTOR
JOHN F. MARTIN
3150 SANDY RIDGE DR
CLEARWATER, FL 3361

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200006853452--6
-08/01/02--01042--018
****600.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
COLLEEN R. MARTIN
3150 SANDY RIDGE DR, CLWRT FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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 #

727 784 1458

CR2E034B (12/01)