

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90152 029 ***150.00

DOCUMENT # P97000048119

1. Entity Name

PROCON PROFESSIONAL CONSULTING SERVICES, INC.

Principal Place of Business

**13401 SUTTON PARK DRIVE SOUTH
 1031
 JACKSONVILLE FL 32224**

Mailing Address

**13401 SUTTON PARK DRIVE SOUTH
 1031
 JACKSONVILLE FL 32224**

2. Principal Place of Business

19111 VISTA BAY DRIVE

3. Mailing Address

19111 VISTA BAY DRIVE

Suite, Apt. #, etc.

602

Suite, Apt. #, etc.

602

City & State

INDIAN SHORES, FL

City & State

INDIAN SHORES, FL

Zip

33785

Country

USA

Zip

33785

Country

USA

4. FEI Number

59-3452786

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CLOUGHER, JEANNE
 615 PAWN WAY
 SEFFNER FL 33584**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

2/11/2002

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, 2002 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 **PD** ☐ Delete
 NAME **ROYER, SIMON J.**
 STREET ADDRESS **13401 SUTTON PARK DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROYER, SIMON J.**
 STREET ADDRESS **19111 VISTA BAY DRIVE, #602**
 CITY-ST-ZIP **INDIAN SHORES, FL 33785**

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2002 (727) 593-1682

Date Daytime Phone #

CR2E034 (9/01)