

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056817

1. Entity Name

PRO COMPUTING INCORPORATED

Principal Place of Business

4300 S. SEMORAN BLVD.
SUITE 103
ORLANDO FL 32822

Mailing Address

P.O. BOX 320982
LONGWOOD FL 32752-0982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3550804

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGAN, JAVIER T
171 POST AND RAIL ROAD
LONGWOOD FL 32850-3884

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

(NOTE: Registered Agents 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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PAGAN, JAVIER T
STREET ADDRESS 4300 S. SEMORAN BLVD., STE. 103
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE VP
NAME CARBONE, SABATO
STREET ADDRESS 8806 EAST COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

JAVIER T. PAGAN

MARCH 9 - 2001

407-380-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91129 005 ***158.75



DO NOT WRITE IN THIS SPACE

CR20034 (10/00)