## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000064651 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name PROLINE, INC. 04-26-2000 90150 023 \*\*\*150.00 Principal Place of Business Mailing Address 4023 SAWYER ROAD 4023 SAWYER ROAD SUITE 205 SUITE 205 SARASOTA FL 34233-1276 SARASOTA FL 34233 3. Mailing Address 2. Principal Place of Business 6398 DIZIVE 6398 DAUNER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 7, uU 4. FFI Number Applied For City & State 65-0788196 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAUGHAN-BIRCH, L. NORMAN ESQ Street Address (P.O. Box Number is Not Acceptable) C/O KIRK PINKERTON 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE 6398 DANNEL DRIVE, UNITD MCCOY, DENNIS NAME NAME STREET ADDRESS 4023 SAWYER ROAD, SUITE 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Addition D۷ TITLE ☐ Delete TITLE YAHRAUS, ROY NAME NAME 6398 DANNER DRIVE, UNITD 4023 SAWYER ROAD, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Change Addition Delete TITLE TITLE MCCOY, JIM NAME NAME 4023 SAWYER ROAD, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP