

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 010 ***150.00

DOCUMENT # *P97000084070*

1. Entity Name

Pro Don Advertising

DO NOT WRITE IN THIS SPACE

636440

2. Principal Place of Business

612 6th Lane

3. Mailing Address

'SAME'

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

City & State

4. FEI Number

65-0791319

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *MARK PROEFROCK*

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

612 6th LANE

City *Palm Beach Gardens*

FL

Zip Code

33418

**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 reinstating)

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 *President / Secretary*
NAME *MARK PROEFROCK*
STREET ADDRESS *612 6th LANE, Palm Beach Gardens-*
CITY-ST-ZIP *FL 33418*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICE-PRESIDENT / TREASURER*
NAME *DON W. SCHAEFER*
STREET ADDRESS *15 Brighton Court, Palm Beach Gardens*
CITY-ST-ZIP *FL 33418*

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

MARK PROEFROCK

04-05-2002

Date

(561) 775-4530

Daytime Phone #

CR2E034B (12/01)