

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088699

1. Entity Name

PRO-PROPERTY MAINTENANCE, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90231 039 \*\*\*150.00

Principal Place of Business

7568 NW 86TH COURT  
OKEECHOBEE FL 34972

Mailing Address

7568 NW 86TH COURT  
OKEECHOBEE FL 34972

2. Principal Place of Business

3650 SE 36th Ave.

Suite, Apt. #, etc.

3. Mailing Address

3650 SE 36th Ave.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0789895

Applied For

Not Applicable

Zip

34974

Country

Zip

34974

Country

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

MCCOIN, SONJA R  
7568 NW 86TH COURT  
OKEECHOBEE FL 34972

Name

James W. McCain

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

3650 SE 36th Ave.

City

Okeechobee

FL

Zip Code  
34974

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) ☐

**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 ☒ Delete  
NAME D  
STREET ADDRESS MCCOIN, SONJA R  
CITY-ST-ZIP 7568 NW 86TH COURT  
OKEECHOBEE FL 34972

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCOIN, JAMES W  
CITY-ST-ZIP 7568 NW 86TH COURT  
OKEECHOBEE FL 34972

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3650 SE 36th Ave.  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)