

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/22

**DOCUMENT #** P970000093981

**1. Entity Name** ProSharp, Inc.  
Lynne K. Kemp

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN 25 AM 10:10

**Principal Place of Business** 964 Summerfield Drive  
**Mailing Address** Same

**2. Principal Place of Business** 964 Summerfield Dr  
**3. Mailing Address**  
Suite, Apt. #, etc.  
**City & State** Naples FL  
**City & State**  
**Zip** 34120-1415 **Country** Collier  
**Zip** 34120-1415 **Country** Collier

**4. FEI Number** 59-3474799  
**Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Lynne K. Kemp  
964 Summerfield Drive  
Naples FL 34120-1415

**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** Lynne K. Kemp - Owner  
**Signature typed or printed name of registered agent and title if applicable** (NOTE: Registered Agent signature required when reinstating)  
**DATE** 1-19-01

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
OWNER	Lynne K. Kemp	
<b>STREET ADDRESS</b>	964 Summerfield Dr.	
<b>CITY-ST-ZIP</b>	Naples FL 34120-1415	
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Delete
PRESIDENT	David E. St. Dennis	
<b>STREET ADDRESS</b>	1084 Forest Lakes #205	
<b>CITY-ST-ZIP</b>	Naples FL 34105	
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Delete
Vice-President	Floyd D. Neubauer	
<b>STREET ADDRESS</b>	964 Summerfield Dr.	
<b>CITY-ST-ZIP</b>	Naples FL 34120	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	0000003618350	
<b>STREET ADDRESS</b>	-02/01/01--01010--008	
<b>CITY-ST-ZIP</b>	****300.00 ****300.00	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Lynne K. Kemp  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**DATE** 1-19-01 **Daytime Phone #** 941-353-7233

CR2E034 (11/00)

2682

LYNNE K. KEMP  
964 SUMMERFIELD DRIVE  
NAPLES, FL 34120-1415

December 20, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Continuation of FEI No. 59-3474799

I would like to continue business with this corporation.

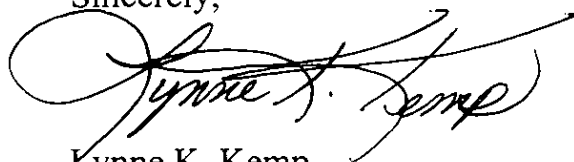
In January, one of the corporation's officers passed away. The business has been temporary closed until a new officer could be found for his replacement.

When I did not receive my report this year, I questioned my accounting professional and found that their office had in error reported this corporation was to be closed.

I am requesting that my corporation be reinstated and I am enclosing my check for \$150.00.

If you have any questions or need further information, please call me at 941-353-7233 or 941-513-1937.

Sincerely,



Lynne K. Kemp  
President

lkk

pc: file  
Enclosure