

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024899

1. Entity Name

PROCALC INC

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90049 014 ***150.00

Principal Place of Business

Mailing Address

5725 Corporate Way
Suite 203
West Palm Beach FL 33407

2840 Cuyahoga Lane
West Palm Beach FL
33409

2. Principal Place of Business

133 ORCHARD CT

Suite, Apt. #, etc.

3. Mailing Address

133 ORCHARD CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Blue Bell PA

City & State

Blue Bell PA

4. FEI Number

65-0820143

Applied For

Not Applicable

Zip

19422

Country

USA

Zip

19422

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Edmond P. McGinty
2840 Cuyahoga Lane
West Palm Beach FL 33409

7. Name and Address of New Registered Agent

Name
JAYNE GASSMAN
Street Address (P.O. Box Number is Not Acceptable)
2825 FARRAGUT LANE
City West Palm Beach FL Zip Code 33409

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

Jayne Gassman
Signature (word or printed name of registered agent and title if applicable)

JAYNE GASSMAN

(NOTE: Registered Agent signature required when reinstating)

2/26/2000

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, 2000 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edmond P. McGinty
STREET ADDRESS	133 ORCHARD CT.
CITY-ST-ZIP	Blue Bell PA 19422
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edmond P. McGinty President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2000

Date

215-628-8045

Daytime Phone #

CR2E034 (9/99)