

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027682

1. Entity Name

PROTHERAPY INTERNATIONAL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90065 001 ***150.00

Principal Place of Business

Mailing Address

2511 SWANN AVE., SUITE 205
TAMPA FL 33609

2511 SWANN AVE., SUITE 205
TAMPA FL 33609-4082

2. Principal Place of Business

634 Danube Avenue

3. Mailing Address

634 Danube Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3527197

Applied For

Not Applicable

Zip

Country

33606-3918

Zip

Country

33606-3918

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

GLADDEN, TRACEY
2511 SWANN AVE., SUITE 205
TAMPA FL 33609

Name

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

634 Danube Avenue

City

Tampa

FL

Zip Code

33606-3918

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete

NAME GLADDEN, TRACEY
STREET ADDRESS 2511 SWANN AVE., SUITE 205
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition

NAME 634 Danube Ave.
STREET ADDRESS Tampa, FL 33606
CITY-ST-ZIP

TITLE D ☐ Delete

NAME GLADDEN, TRACEY
STREET ADDRESS 2511 SWANN AVE., SUITE 205
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition

NAME 634 Danube Ave.
STREET ADDRESS Tampa, FL 33606
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

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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 601, 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 (9/99)