

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028517

1. Entity Name

PRO-COMM, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90018 008 \*\*\*150.00

Principal Place of Business

Mailing Address

2405 SE DIXIE HWY  
 STUART FL 34994

2405 SE DIXIE HWY  
 STUART FL 34953-2503

2. Principal Place of Business

3. Mailing Address

1630 Sw Lantern Ave  
 Suite, Apt. #, etc.

1630 Sw Lantern Ave  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pt St Lucie, FL

City & State

Pt St Lucie, FL

4. FEI Number

65-0830584

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

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

SABATASO, CYNTHIA M  
 BUSINESS MANAGEMENT SERVICE  
 8075 SE PALM ST  
 HOBE SOUND FL 33455

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

Robyn W Maloy

Ruma

1-7-00

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.

**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	D	<input type="checkbox"/> Delete
NAME	MALLOY, MARK J	
STREET ADDRESS	1410 SW PRAIRIE CIRCLE	
CITY-ST-ZIP	PT. ST. LUCIE FL 34953-4131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLOY, ROBIN W	
STREET ADDRESS	1410 SW PRAIRIE CIRCLE	
CITY-ST-ZIP	PT. ST. LUCIE FL 34953-4131	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1630 Sw Lantern Avenue	
CITY-ST-ZIP	Pt St Lucie, FL 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1630 Sw Lantern Avenue	
CITY-ST-ZIP	Pt St Lucie, FL 34953	
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:

Ruma

1-7-00

561-785-6447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPF034 (9/99)