

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036071

1. Entity Name

PROTEAM & ASSOCIATES FRANCHISING, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90091 042 ***150.00

Principal Place of Business

1688
1688 BELCHER ROAD NORTH
CLEARWATER FL 33765

Mailing Address

1688
1688 BELCHER ROAD NORTH
CLEARWATER FL 33765-1311

2. Principal Place of Business

1688 Belcher Rd N

Suite, Apt. #, etc.

3. Mailing Address

1688 Belcher Rd N

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number 59-3508266

Applied For
Not Applicable

Zip
33765

Country
USA

Zip
33765

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

LOVELACE, WILLIAM K

2310 WEST BAY DRIVE

LARGO FL 33770

401 S Lincoln Avenue
Clearwater, FL 33770

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 _____ (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 ☐ Delete
NAME D
STREET ADDRESS BOWYER, FRED
CITY-ST-ZIP 1684 BELCHER ROAD NORTH
CLEARWATER FL 33765

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1688 Belcher Road North
CITY-ST-ZIP Clearwater, FL 33765

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
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

727-444-3134

Daytime Phone #

CR2E034 (9/99)