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## **2002 UNIFORM BUSINESS REPORT (UBR)**

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## Apr 29, 2002 8:00 am § Secretary of State P98000051913 DOCUMENT # 1. Entity Name 04-29-2002 90051 023 \*\*\*150.00 PROUD GATOR, INC. Principal Place of Business Mailing Address 724 S. FLORIDA AVE. 724 S. FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3515914 Not Applicable Country Free Form Country Zip **\$8.75** Additional -5.∡Certificate of Status Desired - - - □ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONATELLI, FELIX Street Address (P.O. Box Number is Not Acceptable) 724 S FL AVE LAKELAND FL 33801 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE TITLE ☐ Change ☐ Addition E034 (9/01 CORNISH, ROI NAME STREET ADDRESS 4749 HIGHLANDS PL. CIR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE .\* TITLE ☐ Change Addition Delete NAME & DONATELLI, FELIX NAME STREET ADDRESS STREET ADDRESS 3500 S. FLORIDA AVE., STE.8 CITY-ST-ZIP LAKELAND: FL: 33803-CITY\_ST\_ZIP\_ TITLE ☐ Delete TITLE Change 🔽 Addition NAME DONATELLI, NICK NAME STREET ADDRESS STREET ADDRESS 724 SOUTH FL AVE CITY-ST-7IP CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP repplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ntal 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 usate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information

Date

Daytime Phone #