

2001 UNIFORM BUSINESS REPORT (UBR)

0814528

DOCUMENT # P98000054287

1. Entity Name

PROBE TECHNOLOGIES, INC.

FILED

01 MAY -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2482 NEPTURE CT
COCOA FL 32926-5311

Mailing Address

2482 NEPTURE CT
COCOA FL 32926-5311

2. Principal Place of Business

Suite, Apt. #, etc.
2482 NEPTURE CT

3. Mailing Address

Suite, Apt. #, etc.
SAME

City & State

COCOA FL

City & State

4. FEI Number 59-3573759

Applied For

Not Applicable

Zip

32926-5311

Country

Zip

Country

5: Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANA, ALFRED
2482 NEPTURE CT.
COCOA FL 32926-5311

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DT
NAME BABB, ANDREW W SR.
STREET ADDRESS 15 LAUREL DR.
CITY-ST-ZIP SCITUATE MA 02066 ☐ Delete

TITLE DP
NAME DANA, ALFRED
STREET ADDRESS 2482 NEPTUNE CT
CITY-ST-ZIP COCOA FL 32926-5311 ☐ Delete

TITLE SD
NAME VANFLEET, DOROTHY
STREET ADDRESS 440 ROSEMARY ST. #14
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004287442-3
-05/22/01--01078--001
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

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 no 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:

Andrew W Babb SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 321-6317751

Date

Daytime Phone #

CR2E034 (10/00)