

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087194

1. Entity Name

PRO ASSISTANTS INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90066 007 \*\*\*150.00

Principal Place of Business

Mailing Address

6233 WESTGATE DR.,STE.607  
 ORLANDO FL 32835

6233 WESTGATE DR.,STE.607  
 ORLANDO FL 32806-4014

2. Principal Place of Business

3. Mailing Address

601 KALEY ST. EAST

601 KALEY ST. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

U.S.A.

Zip

32806

Country

U.S.A.

4. FEI Number

59-3543147

Applied For

Not Applicable

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

WALLACE, SHEILA E  
 6233 WESTGATE DR.,STE.607  
 ORLANDO FL 32835

Name SHEILA WALLACE

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

601 KALEY ST. E

City

ORLANDO

FL

Zip Code

32806

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

SHEILA WALLACE - SHEILA WALLACE

4/24/00

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 P  
 STREET ADDRESS WALLACE, SHEILA  
 CITY-ST-ZIP 6233 WESTGATE DR #607  
 ORLANDO FL 32835

TITLE ☐ Change ☐ Addition  
 NAME P  
 STREET ADDRESS WALLACE, SHEILA  
 CITY-ST-ZIP 601 KALEY ST. E  
 ORLANDO, FL 32806

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA WALLACE

Date

4/24/00

Daytime Phone #

407-481-0104

CR2E034 (9/99)