2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # P98000099429 1. Entity Name					Jan 16, 2002 8: Secretary of S					J am ate	
PRO COL	JRT INC.						01-16-2002 90				
Principal Place of Business 21005 O'BRIEN ROAD GROVELAND FL" 34736			Mailing Address 21005 O'BRIEN ROAD GROVELAND FL 34736				I KRANKRAL MA KRIAT IRME RAMA ARAW AR	ing ca nc a k a n	TÅ FØYTT ØFØTÅ E	:	
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 22-3630440			plied For	
Zip	Zip Country		Zip	try	5.	S. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					Fee Required 7. Name and Address of New Registered Agent						
MICHAELI, SARA 21005 O'BRIEN ROAD					Name Street Addres	ss (P.O.	s (P.O. Box Number is Not Acceptable)				
GROVELA	ND FL 34736				City			FL	Zip Code		
8. The above	named entity subm	its this statement for th	e purpose of changing its	registere	d office or regis	stered a	gent, or both, in the State of Florid				
SIGNATUR	F										
P. This core	Signature, typed or printed Oration is eligible to	name of registered agent and to	itle if applicable. (NOTE		Agent signature requ	ired when i	reinstating)	DATE			
Tax filing	requirement and ele ria on back)	, ,	After May 1, 200 Make Check Payab	02 Fee v	will be \$550.00		10. Election Campaign Finance Trust Fund Contribution.	cing		May Be to Fees	
11.	<u> </u>	OFFICERS AND DIF	RECTORS	12.		Αſ	L ODITIONS/CHANGES TO OFFICE	RS AND E	PIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COSLETT, SARA 9326 BENTLEY F ORLANDO FL 32	PARK CIR	☐ Delete					[Change	☐ Addition	
TITLE NAME	OND WIDO I E GE	<u> </u>	☐ Delete	TITLE				[Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. –	-	Delete	NAME STREE			e promo tre]	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	T ADDRESS			[Change	☐ Addition	
CITY-ST-ZIP TITLE NAME			☐ Delete	TITLE NAME	ST-ZIP			[Change	Addition	
STREET ADORESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	T ADDRESS	************		[Change	Addition	
CITY-ST-ZIP				CITY-	ST-ZIP						
indicated	on this report or sur	oplemental report is tru	e and accurate and that m	nv sianatu	ire shall have th	ne same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	i: that I am	i an officer o	or director	