2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90015 024 ***150.00

DOCUMENT # P98000101622

1. Entity Name

PRO AM OF PALATKA INC

Principal Place of Business	Mailing Address
RR #2 BOX 6140 PALATKA FL 32177-9664	RR #2 BOX 6140 PALATKA FL 32177-9802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103 EL Prado CT.	103 EL Prado CT.
Suite, Apt. #, etc.: 0	Suite, Apt. #, etc.: 0
City & State: Palatka, Fl	City & State: Palatka, FL.
Zip: 32177 Country:	Zip: 32177 Country:

4. FEI Number 59-3532712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WALLACE M
RR #2 BOX 6140
PALATKA FL 32177-9664

7. Name and Address of New Registered Agent

Name: Williams, Wallace M.
Street Address (P.O. Box Number is Not Acceptable): 103 EL Prado CT
City: Palatka, FL Zip Code: 32177

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

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WLLIAMS, WALLACE M		NAME	
STREET ADDRESS	RR2 BOX 6140		STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, KAREN		NAME	
STREET ADDRESS	RR2 BOX 6140		STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Wallace M. Williams Wallace M. Williams 3-1-00 (904) 328-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #