

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90031 002 \*\*\*150.00

**DOCUMENT # P99000021722**

Entity Name

**PROCOMAC NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

**EAST BAY ISLE DR.S.E.**  
**PETERSBURG FL 33705**

**2300 EAST BAY ISLE DR.S.E.**  
**ST.PETERSBURG FL 33705-3319**

~~PROCOMAC NORTH AMERICA, INC.~~

Principal Place of Business

3. Mailing Address

**207 5th Street N**  
 Suite, Apt. #, etc.

**207 5th Street N,**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**St. Petersburg, FL**

**City & State**  
**St. Petersburg, FL**

4. FEI Number

**59-3560319**

Applied For

Not Applicable

**Zip**  
**33701**

**Country**  
**USA**

**Zip**  
**33701**

**Country**  
**USA**

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

**FITZSIMMONS, WILLIAM J**  
**2300 EAST BAY ISLE DR.,S.E.**  
**ST.PETERSBURG FL 33705**

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

*William J. Fitzsimmons*  
 Signature, typed or printed name of registered agent and title if applicable

*William J. Fitzsimmons President 1-31-00*  
 (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

**TITLE**  
**D**  
**FITZSIMMONS, WILLIAM J**  
**2300 EAST BAY ISLE DR.S.E.**  
**ST.PETERSBURG FL 33705**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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**CITY-ST-ZIP**

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

*William J. Fitzsimmons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J. Fitzsimmons, President 1/31/00*  
 Date

*727-896-506*  
 Daytime Phone

CR2E034 (9/99)