

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

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

05-17-2000 90905 002 \*\*\*150.00

**DOCUMENT # P99000038001**

1. Entity Name

**PRO DOCS, INC.**

Principal Place of Business

Mailing Address

1385 MELON STREET  
 TARPON SPRINGS FL 34689

1385 MELON STREET  
 TARPON SPRINGS FL 33755-4188

2. Principal Place of Business

**639 CLEVELAND ST**

3. Mailing Address

**639 CLEVELAND ST**

Suite, Apt. #, etc.

**320**

Suite, Apt. #, etc.

**320**

City & State

**CLEARWATER FL**

City & State

**CLEARWATER FL**

Zip

**33755**

Country

**USA**

Zip

**33755**

Country

**USA**

4. FEI Number

**59-3571123**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PERRY, CHARLES**  
**1100 CLEVELAND STREET**  
**CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **WENDY K. LANNOYE**

Street Address (P.O. Box Number is Not Acceptable)  
**2900 THORNTON ROAD**

City **Clearwater**

FL

Zip Code **33759**

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

**WENDY K. LANNOYE PRESIDENT 4/30/00**

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

(NOTE: Registered Agent signature required when re-registering)

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** ☒ Delete  
 NAME **MARCUS, REUVIN**  
 STREET ADDRESS **240 WINDWARD PASSAGE #102**  
 CITY-ST-ZIP **CLEARWATER FL 33787**

TITLE **D** ☒ Delete  
 NAME **BOWEN, BEVERLY**  
 STREET ADDRESS **1385 MELON STREET**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☐ Delete  
 NAME **COOLEY-LANNOYE, WENDY**  
 STREET ADDRESS **1385 MELON STREET**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE - PRESIDENT** ☐ Change ☒ Addition  
 NAME **DALE LANNOYE**  
 STREET ADDRESS **2900 THORNTON ROAD**  
 CITY-ST-ZIP **CLEARWATER, FL 33759**

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **WENDY K. LANNOYE**  
 STREET ADDRESS **2900 Thornton Road**  
 CITY-ST-ZIP **Clearwater, FL 33759**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/00**

Date

**727 467-9555**

Daytime Phone #

CR2E034 (9/99)