

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040570

1. Entity Name

PROOFINGS TECHNOLOGY USA, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90320 001 \*\*\*150.00

Principal Place of Business

Mailing Address

141 5TH STREET NW, STE 100  
WINTER HAVEN FL 33881

141 5TH STREET NW, STE 100  
WINTER HAVEN FL 33881

2. Principal Place of Business

505 AVENUE A, NW

3. Mailing Address

505 AVENUE A, NW

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

WINTER HAVEN, FLORIDA

City & State

WINTER HAVEN, FLORIDA

Zip

33881-4626

Country

US

Zip

33881-4626

Country

US

4. FEI Number

59-3640795

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R  
141 5TH STREET NW, STE. 100  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name  
GOVONI, BRIAN R.  
Street Address (P.O. Box Number is Not Acceptable)  
505 AVENUE A, NW, SUITE 102

City  
WINTER HAVEN

FL

Zip Code  
33881-4626

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

*Brian R Govoni*  
Signature, typed or printed name of registered agent and title if applicable.

*Brian R Govoni*  
(NOTE: Registered Agent signature required when reinstating)

*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

TITLE ☐ Delete  
NAME D JONES, MARK  
STREET ADDRESS HARE HILL ROAD, LITTLEBOROUGH, LANCASHIRE  
CITY-ST-ZIP OL159HE, UNITED KINGDOM

TITLE ☐ Delete  
NAME D THELWELL, GARY  
STREET ADDRESS HARE HILL ROAD, LITTLEBOROUGH, LANCASHIRE  
CITY-ST-ZIP OL159HE, UNITED KINGDOM

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition  
NAME P JOHN MALCOLM  
STREET ADDRESS 2816 DRIFTING LILY LOOP  
CITY-ST-ZIP OAK ISLAND HARBOR

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:

*John Malcolm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-00

CR2E034 (9/99)