

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2003 8:00 am
Secretary of State

05-01-2003 90276 045 ***150.00

DOCUMENT # P99000040570

1. Entity Name
PROOFINGS TECHNOLOGY USA, INC.



Principal Place of Business
**505 AVE. A NW
STE 102
WINTER HAVEN FL 33881**

Mailing Address
**505 AVE. A NW
STE 102
WINTER HAVEN FL 33881**

2. Principal Place of Business
555 Fifth Avenue, NE
Suite, Apt. #, etc.
Suite 1022
City & State
St. Petersburg, FL

3. Mailing Address
555 Fifth Avenue, NE
Suite, Apt. #, etc.
Suite 1022
City & State
St. Petersburg, FL

Zip
33701
Country
US

Zip
33701
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
505 AVENUE A, NW,
SUITE 102
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **Malcolm, John**
Street Address (P.O. Box Number is Not Acceptable)
555 Fifth Avenue, NE
Suite 1022
City **St. Petersburg** **FL** Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. V. Malcom* **J V MALCOLM** **06-04-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **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

11. 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
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Jones* **MARK JONES** **04-25-2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)