

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040971

1. Entity Name

FLOODPRO, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90005 023 ***558.75

Principal Place of Business

18611 SAN RIO CIRCLE
LUTZ FL 33549

Mailing Address

18611 SAN RIO CIRCLE
LUTZ FL 33549

2. Principal Place of Business

7211 N. DALE MABRY

3. Mailing Address

13014 N. DALE MABRY

Suite, Apt. #, etc.

SUITE # 228

Suite, Apt. #, etc.

131

City & State

TAMPA

City & State

TAMPA

Zip

33618

Country

U.S.

Zip

33618

Country

U.S.

4. FEI Number

59-3574592

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDING, RAY
18611 SAN RIO CIRCLE
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS PREWITT, CARL
CITY-ST-ZIP 4051 SPRUCEWOOD PLACE
LAND O'LAKES FL 34639

TITLE ☐ Delete
NAME D
STREET ADDRESS HARDING, RAY
CITY-ST-ZIP 18611 SAN RIO CIRCLE
LUTZ FL 33549

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
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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:

Ray Harding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

813 927 8226

Daytime Phone #

CR2E034 15/00