

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045199

Entity Name
PROLINE DEVELOPMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:04

Principal Place of Business
1413 TROVILLIAN AVENUE
WINTER PARK FL 32789

Mailing Address
1413 TROVILLIAN AVENUE
WINTER PARK FL 32789-2909



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE
02-21-00 90011 026 \$150.00

4. FEI Number
59-3577592

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

RAINES, ROBERT JR.
1413 TROVILLIAN AVENUE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

2309 Chantilly Ave

City Winterpark, FL FL Zip Code 32789

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 DATE 2/3/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	O'DONNELL, JOHN		NAME	
STREET ADDRESS	1413 TROVILLIAN AVENUE		STREET ADDRESS	
CITY-STATE-ZIP	WINTER PARK FL 32789		CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME			NAME	
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CITY-STATE-ZIP			CITY-STATE-ZIP	
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CITY-STATE-ZIP			CITY-STATE-ZIP	
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NAME			NAME	
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CITY-STATE-ZIP			CITY-STATE-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-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 807, Florida Statutes; and that my name appears in Block 11 or in an attachment with an address with all other like empowered.

SIGNATURE: DATE 2/3/00 DAYTIME PHONE # 407-862-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2000

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I sent the initial Uniform Business Report for Noah Management Services, Inc. and Proline Development Corporation, along with several other companies, in February 2000 and included the required payment. I received a letter back on some of the companies requesting the federal ID # . I filled in the section for the federal ID # and mailed the form back to the Sec. of State. Based upon phone conversation with the Sec. of State, some of the companies had the information updated and these two did not.

I am resubmitting the form with the Fed id# included for you to process. The payments have already been sent and we are asking any late penalties be waived.

Sincerely,



Robert Raines Jr.
2309 Chantilly Ave.
Winter Park, FL 32789
407-862-6445