

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0113828 AV

**DOCUMENT # P99000049852**

**1. Entity Name**  
**PROMAX CONSULTING SERVICES, INC.**

04-09-2002 90062 022 \*\*\*150.00

**Principal Place of Business**  
 1901 S. HARBOR CITY BLVD  
 SUITE 600  
 MELBOURNE FL 32901

**Mailing Address**  
 1901 S. HARBOR CITY BLVD  
 SUITE 600  
 MELBOURNE FL 32901

0-2-5649



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
 59-3580034

Applied For  
 Not Applicable

**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**

**RICKER, ROBERT E**  
 4540 LAKE WATERFORD WAY, #3  
 MELBOURNE FL 32935

Name  
 RICKER, ROBERT E.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1901 S. HARBOR CITY BLVD.  
 SUITE 600  
 City MELBOURNE FL Zip Code 32901

**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 Robert E. Ricker **ROBERT E. RICKER/PRESIDENT** 4/1/02

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 \$150.00**  
**After May 1, 2002 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 11**

TITLE DPT  
 NAME RICKER, ROBERT E  
 STREET ADDRESS 4540 LAKE WATERFORD WAY 3  
 CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE CDPT  
 NAME RICKER, ROBERT E.  
 STREET ADDRESS 1901 S. HARBOR CITY BLVD., SUITE 600  
 CITY-ST-ZIP MELBOURNE, FL 32901. ☒ Change ☐ Addition

TITLE DS  
 NAME RICKER, DONNA M  
 STREET ADDRESS 4540 LAKE WATERFORD WAY 3  
 CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE DS  
 NAME RICKER, DONNA M.  
 STREET ADDRESS 1901 S. HARBOR CITY BLVD., SUITE 600  
 CITY-ST-ZIP MELBOURNE, FL 32901. ☒ Change ☐ Addition

TITLE D  
 NAME RICKER, ROB E  
 STREET ADDRESS 4540 LAKE WATERFORD WAY 3  
 CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE D  
 NAME RICKER, ROB E.  
 STREET ADDRESS 1901 S. HARBOR CITY BLVD., SUITE 600  
 CITY-ST-ZIP MELBOURNE, FL 32901 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

**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:** Robert E. Ricker **ROBERT E. RICKER/PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 321-725-4300  
 Date Daytime Phone #

CR2E034 (9/01)