

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90093 041 \*\*\*558.75

**DOCUMENT # P99000066714**

1. Entity Name  
**PRO-INTELLIGENCE.COM, INC.**

Principal Place of Business  
**2800 NORTH FLAGLER DRIVE  
SUITE 301  
WEST PALM BEACH FL 33407**

Mailing Address  
**2800 NORTH FLAGLER DRIVE  
SUITE 301  
WEST PALM BEACH FL 33407**

2. Principal Place of Business  
**607 ARDMORE ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**607 ARDMORE ROAD**  
Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH, FL**  
Zip  
**33401**  
Country  
**USA**

City & State  
**WEST PALM BEACH, FL**  
Zip  
**33401**  
Country  
**USA**

4. FEI Number  
**65-0950267**

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

**SUBERVILLE, ERIC  
2800 NORTH FLAGLER DRIVE  
SUITE 301  
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **SUBERVILLE, ERIC**  
Street Address (P.O. Box Number is Not Acceptable)  
**607 ARDMORE ROAD**  
City **WEST PALM BEACH FL** Zip Code **33401**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **Aug. 31, 2000**

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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>ERIC SUBERVILLE</b>	
STREET ADDRESS <b>607 ARDMORE ROAD</b>	
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **ERIC SUBERVILLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 31, 2000**

Date

**561-818-8286**

Daytime Phone #

CR2E034 (5/00)