

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91116 010 ***150.00

0427283

DOCUMENT # P99000068070

1. Entity Name

PROACTIVECT TECHNOLOGIES INC.

Principal Place of Business

**3438 EAST LAKE RD
 STE 14615
 PALM HARBOR FL 34685**

Mailing Address

**3438 EAST LAKE RD
 STE 14615
 PALM HARBOR FL 34685**

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 **59-3600773**

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

**GIORGIONE, DAVID
 16807 US HWY 19 NORTH - SUITE A
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **RICHARD J. THURGOOD**
 Street Address (P.O. Box Number is Not Acceptable)
3438 EAST LAKE RD. SUITE 14615
 City **PALM HARBOR** FL Zip Code **34685**

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 **RICHARD J. THURGOOD** **PRESIDENT** **3/15/01**
Signature, typed or printed name of registered agent and type 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, 2001 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | PTSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THURGOOD, RICHARD | NAME | |
| STREET ADDRESS | 4133 MALLARD DR | STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THUZGOOD, KAREN | NAME | |
| STREET ADDRESS | 4133 MALLARD DR | STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **RICHARD J. THURGOOD** **3/15/01** **(727) 439-8637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)