

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078430

Entity Name

PROSCAPES EXPRESS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90080 039 \*\*\*150.00

Principal Place of Business

5010 HARBORAGE DRIVE  
FORT MEYERS FL 33908

Mailing Address

5010 HARBORAGE DRIVE  
FORT MEYERS FL 33908

00030314



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RICHES, GAVIN  
5010 HARBORAGE DRIVE  
FORT MEYERS FL 33908

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

FILE ☒ **D** ☐ Delete  
NAME  
RICHES, GAVIN  
STREET ADDRESS  
5010 HARBORAGE DRIVE  
CITY-ST-ZIP  
FORT MEYERS FL 33908

FILE ☒ **S** ☐ Delete  
NAME  
KERINUK, DANIEL A  
STREET ADDRESS  
15156 BAIN RD.  
CITY-ST-ZIP  
FORT MEYERS FL 33908

FILE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

FILE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

FILE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

FILE ☐ ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02 (941) 432-1700

CR2E034 (9/01)