

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90190 047 ***150.00

DOCUMENT # P99000084837

1. Entity Name
PROCROME INC.



Principal Place of Business
**4495 W. GANDY BLVD
TAMPA FL 33629**

Mailing Address
**3225 S. MACDILL AVE. #129. STE. 202
TAMPA FL 33629**



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 **59-3607175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROKOP, STEVEN
3225 S. MACDILL AVE. #129, STE. 202
TAMPA FL 33629**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PROKOP, STEVEN**
STREET ADDRESS **3225 S. MACDILL AVE. #129, STE. 202**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Prokop

5/27/03

813-5457400

CR2E034 (10/02)

Attachment 90138403
Doc # 99900008467

To: Florida Dept of State

From: Steve Prokop

Date: 5/27/03

RE: Annual Report

Hello I am writing to ask that you waive the late fee on this report. I apologize but I was under the impression this was due on 5/31/03 until I went to file online and the cost was \$550. I know this is not a great excuse but it's the truth. I hope you can waive the fee and thank you in advance for your consideration.

Best Regards,

Steve Prokop

A handwritten signature in black ink, appearing to be 'Steve Prokop', written in a cursive style.