

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000088987**1. Entity Name
UNITED PRO GOLF, INC.Principal Place of Business
#46 ESCONDIDO CIRCLE #5
ALTAMONTE SPRINGS FL 32701
Mailing Address
#46 ESCONDIDO CIRCLE #5
ALTAMONTE SPRINGS FL 327012. Principal Place of Business
BLDG#5, ESCONDIDO CIRCLE3. Mailing Address
BLDG #5, ESCONDIDO CIRCLESuite, Apt. #, etc.
UNIT 46Suite, Apt. #, etc.
UNIT 46City & State
ALTAMONTE SPRINGS FLCity & State
ALTAMONTE SPRINGS FLZip
32701Zip
327014. FEI Number
59-3639409Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLILIEDAHL LOWELL
#46 ESCONDIDO CIRCLE
BUILDING 5
ALTAMONTE SPRINGS FL 32701**7. Name and Address of New Registered Agent**Name
LILIEDAHL LOWELL
Street Address (P.O. Box Number is Not Acceptable)
BLDG#5, ESCONDIDO CIRCLE
UNIT 46
City
ALTAMONTE SPRINGS FL Zip Code
32701

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 **L LILIEDAHL****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LILIGOAHL LOWELL
#46 ESCONDIDO CIR BLDG 5
ALTAMONTE SPRINGS FL 32701 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LILIEDAHL LOWELL
BLDG #5, ESCONDIDO CIR. UNIT 46
ALTAMONTE SPRINGS FL 32701 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: L Lilledahl

Pres

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)