

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2000 8:00 am
Secretary of State**

02-10-2000 90017 050 ***150.00

DOCUMENT # P99000099863

1. Entity Name

THE PROS INVESTMENT CORPORATION

Principal Place of Business

3939 CHEVAL BLVD.
LUTZ FL 33549

Mailing Address

P.O. BOX 1792
LAND O'LAKES FL 34639-1792

2. Principal Place of Business

5008 W. LINERBAUGH AVE

Suite, Apt. #, etc.

SUITE 41

City & State

TAMPA, FLORIDA

Zip

33624

Country

HILLSBOROUGH

3. Mailing Address

P.O. BOX 1669 2St **LOL, FL 34639**

City & State

LAND O LAKES, FLORIDA

Zip

34639

Country

PASCO

4. FEI Number

59-3609725

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

**KNOWLES, KEVIN V
3939 CHEVAL BLVD.
LUTZ FL 33549****P.O. BOX 1669
LOL, FL 34639**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2000 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

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **KEVIN V. KNOWLES**
CITY-ST-ZIP **P.O. BOX 1792, LOL, FL 34639**TITLE ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **TERSA A. KNOWLES**
CITY-ST-ZIP **P.O. BOX 1792, LOL, FL 34639**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: KEVIN V. KNOWLES PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #