## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000102179 PRO-LINE INSTALLATIONS, INC. 4-23-2001 90093 019 \*\*\*150.00 Mailing Address Principal Place of Business 7706 COLLEY ROAD 7706 COLLEY ROAD ODESSA FL 33456 ODESSA FL 33456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3608233 Not Applicable Country 3355 b Country Zip 3556 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ron Queeney SHORT, PAUL R 7522 NORTH 40 STREET **TAMPA FL 33604** Odessa 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. Ron QUEENEY and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE 🔀 Change Addition QUEENEY, RON NAME NAME STREET ADDRESS 7706 COLLEY ROAD STREET ADDRESS Odessa FL 33556 CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33456 Delete TITLE 🔀 Addition TITLE Queency Donna 7706 Colley Rd Odessa R2 33556 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition A ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

Ron Queensy - Pros 3/28/01
Sinted NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00