

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90133 015 ***150.00

DOCUMENT # P99000103788

1. Entity Name
PRUFOLLICLE, INC.



Principal Place of Business
**8449 S.W. 22ND STREET
MIRAMAR FL 33025**

Mailing Address
**8449 S.W. 22ND STREET
MIRAMAR FL 33025**



2. Principal Place of Business
8449 SW 22nd St
Suite, Apt. #, etc.

3. Mailing Address
8449 SW 22nd St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL
Zip
33025
Country
USA

City & State
MIRAMAR, FL
Zip
33025
Country
USA

4. FEI Number **65-0960260**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAKE, MONTROSE M
8449 S.W. 22ND STREET
MIRAMAR FL 33025**

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

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|-------------------|---|---------------------------------|
| | PD | BLAKE, MONTROSE M | 8449 S.W. 22ND STREET MIRAMAR FL 33025 | |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date Daytime Phone #

CR2E034 (10/02)