

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91556 009 ***150.00

DOCUMENT # P99000108859

1. Entity Name

Pro Store, Inc. ✓

Principal Place of Business

Mailing Address

224 W. Central Pkwy #1024 224 W. Central Prkwy #1024
Altamonte Springs, Altamonte Springs,
Fl. 32714 Fl. 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3680663 *

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

00055543

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John J Jr. Mchugh
333 17th St., Ste. U
Vero Beach, Fl. 32960

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 NUMBER: P99000108859
After May 1, 2001 Fee will be \$550.00
Block Charge Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	NAME	TITLE	NAME
	☐ Delete		☐ Change ☐ Addition
NAME	DPT Michael T. Woods	NAME	
STREET ADDRESS	224 W. Central Pkwy #1024	STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME	Loyda M Shepard	NAME	Loyda M Shepard
STREET ADDRESS	136 Habersham Drive	STREET ADDRESS	136 Habersham Drive
CITY-ST-ZIP	Longwood, FL 32779 D,S	CITY-ST-ZIP	Longwood, FL 32779 D,S
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 4078655440