

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 044 ***150.00

DOCUMENT # P99 000110420

1. Entity Name

Proline Advisory Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 N. Military Trail

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton, FL

Zip

33431

Country

3. Mailing Address

3200 N. Military Trail

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton, FL

Zip

33431

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0982274

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louise Taylor

Street Address (P.O. Box Number is Not Acceptable)

3200 N. Military Trail

Suite 201

City

Boca Raton

FL

Zip Code

33431

DO NOT WRITE
IN THIS SPACE

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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D, P
NAME	IRA MARTIN
STREET ADDRESS	3200 N. Military Trail #201
CITY - ST - ZIP	Boca Raton FL 33431

TITLE	Treasurer
NAME	Shaune Blair
STREET ADDRESS	3200 N. Military Trail #201
CITY - ST - ZIP	Boca Raton FL 33431

TITLE	
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Blair

Date

4/22/02

Daytime Phone #

CR2E034B (12/01)