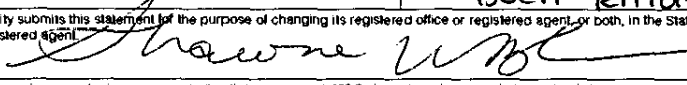
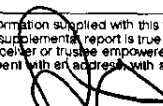


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 045 ***150.00

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

DOCUMENT # P99000110426		
1. Entity Name PROLINE ADVISORY SERVICES, INC.		
Principal Place of Business 3200 N. MILITARY TR., STE. 202 BOCA RATON, FL 33431		Mailing Address 3200 N. MILITARY TR., STE. 202 BOCA RATON, FL 33431
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-8082274		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAYLOR, LOUISE 3200 N. MILITARY TR., STE 201 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Shawne Blair Street Address (P.O. Box Number Is Not Acceptable) 3200 N. MILITARY TR # 201 City BOCA RATON FL Zip Code 33431
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  DATE 4/3/03 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when amending)		
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, IRA 3200 N MILITARY TR #201 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, SHAWNE 3200 N MILITARY TR #201 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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:  4/2/03 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/2/03 Daytime Phone #

10065104



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)