

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90008 050 ***558.75

0134125 AT

DOCUMENT # S54660

1. Entity Name
PRO-FORM TECHNOLOGIES, INC.

Principal Place of Business

506 8TH ST WEST
 PALMETTO FL 34221
 US

Mailing Address

506 8TH ST WEST
 PALMETTO FL 34221
 US

2. Principal Place of Business

1234 DAVIS AVE
 Suite, Apt. #, etc.

3. Mailing Address

1234 DAVIS AVE
 Suite, Apt. #, etc.

City & State

MORRISTOWN TN

Zip
37814

Country
USA

City & State

MORRISTOWN TN

Zip
37814

Country
USA

4. FEI Number

65-0265728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONALD R
 506 8TH ST WEST
 PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name **CYNTHIA CAUSCH**
 Street Address (P.O. Box Number is Not Acceptable)
1724 1/2 LAUREL ST #11
 City **SARASOTA FL** Zip Code **37236**

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 **CYNTHIA CAUSCH**

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 NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSD BROWN, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	506 8TH ST WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	D RUSSELL, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	3043 ST ANDREWS CT	
CITY-ST-ZIP	JONESBORO GA 30236	
TITLE NAME	VST BROWN, ANITA L	<input type="checkbox"/> Delete
STREET ADDRESS	506 8TH ST WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1234 DAVIS AVE	
CITY-ST-ZIP	MORRISTOWN TN 37814	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1234 DAVIS AVE	
CITY-ST-ZIP	MORRISTOWN TN 37814	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **Cynthia Causch** **REQUIRED**

Signature typed or printed name of signing officer or director

Date **9/21/01**

Phone # **423-581-2424**

CR2E084 (5/01)



DO NOT WRITE IN THIS SPACE