

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S68699**1. Entity Name  
**PRO FEATURES, INC.****FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90068 019 \*\*\*150.00

Principal Place of Business  
**455 NORTHVIEW ST  
PORT CHARLOTTE FL 33954  
US**Mailing Address  
**455 NORTHVIEW ST  
PORT CHARLOTTE FL 33954  
US****547782**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country4. FEI Number **65-0278230**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent  
**STOVER, GARY  
455 NORTHVIEW ST  
PORT CHARLOTTE FL 33954**7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code8. 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 \_\_\_\_\_ (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. ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **STOVER, GARY G.**  
**455 NORTHVIEW ST**  
**PORT CHARLOTTE FL**  
Delete ☐  
V **STOVER, MICHEAL**  
**P.O. BOX 511532**  
**PUNTA GORDE FL 33951**  
Delete ☒  
V **PRITCHETT, TRAVIS**  
**455 NORTHVIEW ST**  
**PORT CHARLOTTE FL 33954**  
Delete ☐  
D **STOVER, NANCY L**  
**455 NORTHVIEW ST**  
**PORT CHARLOTTE FL 33954**  
Delete ☐  
Delete ☐  
Delete ☐12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V **Christopher Wilfert**  
**89 Broadland Drive**  
**White GA 30184**  
Change ☐ Addition ☒  
Change ☐ Addition ☐  
Change ☐ Addition ☐  
Change ☐ Addition ☐  
Change ☐ Addition ☐  
Change ☐ Addition ☐

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: **Gary G. Stover** **4/26/01** **(941) 624-2060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (10/00)