

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 040 ***150.00

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

DOCUMENT #V17241 1. Entity Name D-PRO, INC.		 90073211	
Principal Place of Business 28792 WILD COFFEE CT BONITA SPRINGS, FL 34135		Mailing Address 28792 WILD COFFEE CT BONITA SPRINGS, FL 34135	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCGEE, JAMES L. 28792 WILD COFFEE CT. BONITA SPRINGS, FL 33923		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE			
FILE NOW!!! FEE IS \$160.00 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 D NAME MCGEE, JAMES L. STREET ADDRESS 28792 WILD COFFEE CT. CITY-ST-ZIP BONITA SPRINGS, FL 33950	☐ Delete	TITLE X NAME 226 Fairway Circle STREET ADDRESS Naples, FL 34110 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME MCGEE, DENNIS J. STREET ADDRESS 28792 WILD COFFEE CT. CITY-ST-ZIP BONITA SPRINGS, FL 33950	☐ Delete	TITLE X NAME 226 Fairway Circle STREET ADDRESS Naples, FL 34110 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/2/03 Daytime Phone # 239 254 9536	

CR2034 (10/02)