

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90071 037 ***158.75

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DOCUMENT # V22207

1. Entity Name

PROCOM ENGINEERING ASSOCIATES, INC.

Principal Place of Business

4525-201 VINELAND RD
ORLANDO FL 32811
US

Mailing Address

4525 VINELAND ROAD
STE 201
ORLANDO FL 32811
US

2. Principal Place of Business

10794 Florence Ave.

Suite, Apt. #, etc.

3. Mailing Address

10794 Florence Ave.

Suite, Apt. #, etc.

City & State

Thonotosassa, Florida

City & State

Thonotosassa, Florida

4. FEI Number

54-1193831

Applied For

Not Applicable

Zip

33592

Country

USA

Zip

33592

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRY P. DUNN

4525 VINELAND RD, STE 201
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Harry P. Dunn

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

10794 Florence Ave.

City **Thonotosassa**

FL

Zip Code
33592

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUNN, HARRY P.	
STREET ADDRESS	4525 VINELAND ROAD STE 201	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNN, BONNIE L.	
STREET ADDRESS	4525 VINELAND RD, STE 201	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, HARRY P.	
STREET ADDRESS	10794 FLORENCE AVE.	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, BONNIE L.	
STREET ADDRESS	10794 FLORENCE AVE.	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

HARRY P. DUNN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 March 2002 813-986-1111

Date

Daytime Phone #

CR2E034 (9/01)