2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41145

1. Entity Name

PRO REALTY CONSULTANTS, COMMERCIAL, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90101 029 ***150.00

Principal Place of Business	Mailing Address
6821 SOUTHPOINT DRIVE N. STE. 135 JACKSONVILLE FL 32216 US	6821 SOUTHPOINT DR N 135 JACKSONVILLE FL 32216-6109 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4319 Salisbury Rd	4319 Salisbury Rd.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Jacksonville, Fla	City & State: Jacksonville, Fla
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. FEI Number 59-3127265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, MURRAY A 6821 SOUTHPOINT DR S #135 SUITE 100 JACKSONVILLE FL 32216	Name: Lewis, Murray A. Street Address (P.O. Box Number is Not Acceptable): 4319 Salisbury Rd. N Suite 100 City: Jacksonville FL Zip Code 32216

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 Murray A. Lewis [signature] 3-5-00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSDT LEWIS, VICKEY A. 6821 SOUTHPOINT DR.N., STE. 135 JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSDT Lewis, Vickey A 4319 Salisbury Rd. N Suite 100 Jacksonville, Fla 32216 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Vickey A Lewis [signature] 3·5·00 296·0901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #