

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50393

1. Entity Name
PRO - 1 GROUP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90037 001 ***150.00

Principal Place of Business
1847 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

Mailing Address
1847 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

2. Principal Place of Business
2655 N OCEAN DR
Suite, Apt. #, etc.
STE 400

3. Mailing Address
PO BOX 8089
Suite, Apt. #, etc.

City & State
SINGER ISLAND, FL
Zip
33404

City & State
PORT ST LUCIE, FL
Zip
34985

4. FEI Number 65-0351057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUBAIN, DANNY I.
~~1847 SE PORT ST LUCIE BLVD~~
~~PORT ST LUCIE FL 34952~~
522 SW PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34953

Cheryl Adams

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.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

4/20/01

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, 2001 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	QUBAIN, DANNY I	
STREET ADDRESS	1847 SE PORT ST LUCIE BL	
CITY-ST-ZIP	PORT ST LUCIE FL	
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		
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	QUBAIN, DANNY I	
STREET ADDRESS	2655 N OCEAN DR STE 400	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Pres.

Date

Daytime Phone #

4/20/01 561-840-1515

CR2E034 (10/00)