

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006698

1. Entity Name

PRO TECH MONITORING, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90087 025 ***150.00

Principal Place of Business Mailing Address
2708 ALTERNATE 19 NORTH, SUITE 503 2708 ALTERNATE 19 NORTH, SUITE 503
PALM HARBOR FL 34683 PALM HARBOR FL 34683-2644

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3478800 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

POSAVEC, ROBERT P
2708 ALTERNATE 19 NORTH
SUITE 503
PALM HARBOR FL 34683

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, 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 STCO ☐ Delete
NAME POSAVEC, ROBERT P
STREET ADDRESS 2708 ALTERNATE 19 NORTH, SUITE 503
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Change ☒ Addition
NAME RICHARD BAKER
STREET ADDRESS 2708 ALTERNATE 19 NORTH, SUITE 503
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☒ Delete
NAME REESE, J M
STREET ADDRESS 1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH
CITY-ST-ZIP WASHINGTON DC 20004

TITLE D ☐ Change ☒ Addition
NAME AMI FORTE
STREET ADDRESS 2708 ALTERNATE 19 NORTH, SUITE 503
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☒ Delete
NAME BAILEY, BRIAN D
STREET ADDRESS 1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH
CITY-ST-ZIP WASHINGTON DC 20004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CEOD
STREET ADDRESS STAPLES, JOHNSTON C
CITY-ST-ZIP 2708 ALTERNATE 19 NORTH, SUITE 503
PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Posavec ROBERT POSAVEC 7/1/00 (727) 785-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #