

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90033 043 \*\*\*158.75

**DOCUMENT # F97000006698**

1. Entity Name

**PRO TECH MONITORING, INC.**

Principal Place of Business

**2549 USCESS DR.  
ODESSA FL 33556-3401**

Mailing Address

**2549 USCESS DR.  
ODESSA FL 33556-3401**

2. Principal Place of Business

**2549 SUCCESS DRIVE**

3. Mailing Address

**2549 SUCCESS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ODESSA, FL**

City & State

**ODESSA, FL**

4. FEI Number **59-3478800**

Applied For

Not Applicable

Zip

**33556**

Country

**USA**

Zip

**33556**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

Name

**POSAVEC, ROBERT P.**

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

**2549 SUCCESS DRIVE**

City

**ODESSA,**

**FL**

Zip Code

**33556**

7. Name and Address of New Registered Agent

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

**1/30/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>STCO POSAVEC, ROBERT P 2708 ALTERNATE 19 NORTH, SUITE 503 PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, RICHARD 2708 ALTERNATE 19 N SUITE 503 PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORTE, AMI 2708 ALTERNATE 19 N SUITE 503 PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD STAPLES, JOHNSTON C 2708 ALTERNATE 19 NORTH, SUITE 503 PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STCO POSAVEC, ROBERT P. 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, RICHARD 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORTE, AMI 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD STAPLES, JOHNSTON C 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPEER, ROY M. 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO RAYNARD, FLOYD C. 2549 SUCCESS DRIVE ODESSA, FL 33556</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

**1/29/01**

Date

**(727) 484-3100**

Daytime Phone #

CR2E034 (10/00)