

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90075 044 ***150.00

DOCUMENT # 855374

1. Entity Name

PROTEUS INVESTMENTS, INC.

Principal Place of Business

c/o JECK, HARRIS & JONES
Ste. 400, Reynolds Plaza
1061 E. Indiantown Road
Jupiter, FL 33477

Mailing Address

c/o JECK, HARRIS & JONES
Ste. 400, Reynolds Plaza
1061 E. Indiantown Road
Jupiter, FL 33477

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

59-2256415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATIONS SYSTEMS

1200 S. PINE ISLAND ROAD

PLANTATION, FL 33324

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 ☐ Delete

NAME PLUMMER, RONALD
STREET ADDRESS 2 RUE HONORE LABANCE
CITY-ST-ZIP MONTE CARLO, MONACO

TITLE ☐ Delete

NAME PLUMMER, SHAHNAZ
STREET ADDRESS 2 RUE HONORE LABANDE
CITY-ST-ZIP MONTE CARLO, MONACO

TITLE ☐ Delete

NAME TUCKER, KEITH
STREET ADDRESS RUE PAUL DUBOIS 86
CITY-ST-ZIP 6890 LIBIN BELGUIM

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R.A. PLUMMER (PRESIDENT) May 13 2000 (377) 93-30-16-26

CR2E034 (9/99)