

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90120 014 \*\*\*150.00

**DOCUMENT # F01000002521**

**1. Entity Name**  
**PROFESSIONAL TECHNICAL SERVICES, INC.**

**Principal Place of Business**  
**1160 EASTPORT RD.**  
**JACKSONVILLE FL 32218**

**Mailing Address**  
**1160 EASTPORT RD.**  
**JACKSONVILLE FL 32218**

00157436



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**71-0774354**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**PARETTE, KEITH**  
**1160 EASTPORT RD.**  
**JACKSONVILLE FL 32218**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **P** ☐ Delete  
**NAME** **PARETTE, KEITH**  
**STREET ADDRESS** **1160 EASTPORT RD.**  
**CITY-ST-ZIP** **JACKSONVILLE FL**

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

**TITLE** **V** ☐ Delete  
**NAME** **HOLLAND, KEITH**  
**STREET ADDRESS** **8299 NW 30TH TERRACE**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **TRIVETTE, KATHRYN**  
**STREET ADDRESS** **1160 EASTPORT ROAD**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32218-2214**

**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**

**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 life empowered.**

**SIGNATURE:** ☒

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PRO-TECHS, INC.

#FDI 000002521

PROFESSIONAL TECHNICAL SERVICES, INC.  
1160 EASTPORT RD.  
JACKSONVILLE, FL 32218

September 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

To Whom It May Concern:

I spoke to an individual in your office today due to the fact that I did not receive the first notice to pay the fee related to the above-referenced report. I was told to explain this in a letter and to enclose a check for \$150.00, which I have done. If you have any further questions or concerns please contact me at (800) 810-8404 or at the address on this correspondence. Thank you very much for your cooperation and assistance in this matter.

Sincerely,



Kathryn Trivette

Encl.

/klt

800-810-8404 PHONE 800-953-4607 FAX  
WWW.PRO-TECHS.COM