## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # J31Q37  1. Entity Name							Secretary of State					
•		ETS, INC.						12-2001 90	-			
Ł	j	• *			(1st							
Principal Place 3440 HOLLY® SUITE 450 HOLLYWOOD US	VOOD BLVD.	s	Mailing Address 3440 HOLLYWOOD BLVD. SUITE 450 HOLLYWOOD FL 33021 US			Ī						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number 5	9-2714561		-	Applied For Not Applicable	
Zip Country		Country	Zip – Count		ntry	5. (	5. Certificate of Status Desired \$8.75 Add Fee Require				]	
	6. Name	and Address of Current Re	gistered Agent		Alama	7. 1	Name and Addr	ess of New R		<u>:</u>		1
GRAND, LEONARD					Name	. (0.0.5			<del></del>		<del></del>	╡.
	LYWOOD (	BLVD.	Street Address			is (P.U. E	sox inumber is in	от Ассертаріе	·)			4
SUITE 450	0 DOD FL 33(	021	•	City					Zin Co		$\downarrow$	
					<u>L</u> .	FL Zip Code						$\downarrow$
8. The above	e named entit	y submits this statement for th	ne purpose of changing its	register	ed office or regis	stered ag	jent, or both, in ti	ne State of Flo	rida.			
SIGNATURE	Signature, typed	or printed name of registered agent and	·	E: Registere	d Agent signature requ	ired when re	einstating)		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 12, 2001 Fee will be \$750.  Make Check Payable to Department of Sta					Campaign Finand Contribution			<b>00</b> May Be	
11.		OFFICERS AND DI	_	12.			L DITIONS/CHAN	IGES TO OFFI	CERS AND	DIRECTO	RS IN 11	Ⅎ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Grand, L 3440 Hol Hollywo	LYWOOD BLVD., STE. 45	☐ Delete					•		☐ Change	☐ Addition	01004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAND, M 3440 HOL HOLLYWO	LYWOOD BLVD., STE. 45	☐ Delete					٠		☐ Change	Addition	78
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
indicated of the cor	on this repor poration or th or on an atta	e information supplied with the tor supplemental report is true receiver or trustee empowers with an address, with SICILY	ue and accurate and that need to execute this report	ny signat as requi	ture shall have th	ie same l	legal effect as if	made under o	ath: that I a	m an office	er or director	

## Dec.#531037

July 5, 2001

Department of State

Re: Protected Assets, Inc.

Enclosed is 2001 UBR form and check for 150,00.

It is respectfully requested that you waive any additional few for late filing as I never received your original UBR inthe mail. I was hinterest form by your office that they was returned by the mailman. This is, of course, a partal error. I alway take care of tax forms and payments promptly upon receipt.

Thank you for any courtesies extended Sincerely, Waid

LEONARD GRAND-