

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58840

1. Entity Name  
PROTECH PRODUCTS, INC.FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90153 043 \*\*\*150.00

Principal Place of Business  
511 CENTRAL PARK DR  
STE 2  
SANFORD FL 32771  
USMailing Address  
511 CENTRAL PARK DR  
STE 2  
SANFORD FL 32771  
US2. Principal Place of Business  
3. Mailing AddressSuite, Apt. #, etc.  
Suite, Apt. #, etc.City & State  
City & State

Zip Country Zip Country

4. FEI Number  
59-2927030  
Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EASON, TIM  
989 STONE CREEK CT.  
LONGWOOD FL 32779

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 D  Delete  
NAME EASON, TIM  
STREET ADDRESS 989 STONE CREEK CT.  
CITY-ST-ZIP LONGWOOD FLTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  Delete  
NAME EASON, GAYLE E.  
STREET ADDRESS 989 STONE CREEK COURT  
CITY-ST-ZIP LONGWOOD FLTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  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

Gayle E. Eason Vice Pres 407/328-5380

11/17/02 Date

Daytime Phone #

CR2E034 (9/01)

20020000

AV