

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-16-2002 90244 029 ****50.00

DOCUMENT # L01000011416

1. Entity Name

PROTECH OFFICE SOLUTIONS, LLC

Principal Place of Business

Mailing Address

3001 TAMiami TRAIL NORTH SUITE 100
NAPLES FL 341033001 TAMiami TRAIL NORTH SUITE 100
NAPLES FL 34103

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

N/A

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICI, JAMES R

3001 TAMiami TRAIL NORTH SUITE 100
NAPLES FL 34103

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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Managing Member
James R. Nici
3001 Tamiami Trail N. Suite 100
Naples, FL 34103

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James R. Nici
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/9/02

Daytime Phone #

941-659-4495

CR2E083 (9/01)

James R. Nici
Juris Doctorate in Law
Master of Laws in Taxation
Board Certified, Wills, Trusts & Estates Lawyer
jnici@coxnici.com



Attachment
13750
201000011416

Suite 100
3001 Tamiami Trail North
Naples, Florida 34103
941.659.4495 telephone
941.659.4496 facsimile

February 15, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Protech Office Solutions, LLC*
Our File no. 3999.5

Dear Sir/Madam:

As requested in your letter of January 22, 2002, a copy of which is enclosed, I have completed Block 4 of the Annual Uniform Business Report. This entity is a single limited liability company, and therefore, no FEI number is required.

Very truly yours,

James R. Nici

JRN/lk
Enclosures