2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

% ROBERT L. CIRRITO

PLANTATION FL 33313

1071 N.W. 74TH TERRACE

L20043 **DOCUMENT #**

1. Entity Name

PROTEC INDUSTRIES, INC.

Principal Place of Business

1071 N.W. 74TH TERRACE

2. Principal Place of Business

CIRRITO, ROBERT L. 1071 N.W. 74TH TERRACE PLANTATION FL 33313

% ROBERT L. CIRRITO

PLANTATION FL 33313

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90030 002 ***150.00

24600000

☐ CHECK HERE IF MAKING C	CHANGES
4. FEI Number	Applied For
4. FEI Number 65-0147346	Not Applicable

Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	7. Name and Address of New Ro	egistere	d Agent
Name			
Street Ad			
City			Zip Code

	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid	a. I am familiar with, and accep	ıt
3.	. The above named entity submits this statement for the purpose of changing its registered blince of registered agon, or observable		
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!! FEE IS \$150.00
1	After May 1, 2003 Fee will be \$550.00
مادآا	Check Payable to Florida Department of State

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financir
Trust Fund Contribution.

\$5.00	Мау Ве
Added to	Fees

Make Check	k Payable to Florida Department of State			AND SOURCES TO OFFICERS AND	DIRECTORS	S INL 1.1
10.	OFFICERS AND DIRECTO)RS	11.	ADDITIONS/CHANGES TO OFFICERS AND		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRRITO, ROBERT L. 1071 N.W. 74TH TERRACE PLANTATION FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS	3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS	s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	s	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP