## **2000 UNIFORM BUSINESS REPORT (UBR)**

## L99000003225 DOCUMENT # 1. Entity Name 00 MAY -2 AMII: 27 PROTO EQUIPMENT COMPANY LLC SECRETARY OF STATE JALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5650 GUM ROAD 5650 GUM ROAD TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-9101 2. Principal Place of Business, 3. Mailing Address P.O. Box 20457 SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For AU Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROTO, RONALD W. Street Address (P.O. Box Number is Not Acceptable) - ---5650 GUM ROAD TALLAHASSEE FL 32304 Zip Code Fi 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 700003264037--0 FILE NOW!!! FEE IS \$50.00 -05/23/00--01106--024 Make Check Payable to Department of State \*\*\*\*\*55.00 \*\*\*\*55.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MGRM ☐ Change Addition TITLE ☐ Delete TITLE PROTO, RONALD W NAME 1904 RHONDA DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP ☐ Defeta Change - Addition TITLE MAME WAME STREET ADDRESS STREET ADDRESS CITY-21-7(P CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ANGRESS CITY-ST-ZIP CITY- ST- 7IP \_\_\_ Addition ☐ Delete TITLE TITLE NAME WAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP ☐ Change Addition TITLE ☐ Defets TITLE NAME NAME STREET ADDRESS STRFFT ADDRESS CATY- ST- ZU CITY-ST-ZIP Addition | ☐ Deinte TITLE Change TITLE

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.

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-30-00

850 576-8535

Daytime Phone #

**HTLKOAFD**