

2001 UNIFORM BUSINESS REPORT (UBR)

RE-MAILED ON 5/31/01. *Lup*

0024846 AF

DOCUMENT # L99000003225

1. Entity Name
PROTO EQUIPMENT COMPANY LLC

NO CHANGES
FILED

01 JUN -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5650 GUM ROAD TALLAHASSEE FL 32304	Mailing Address P.O. BOX 20457 TALLAHASSEE FL 32316
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2. Principal Place of Business SAME Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3591089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PROTO, RONALD W 5650 GUM ROAD TALLAHASSEE FL 32304

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 <i>Ronald W. Proto</i> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/27/01</i>
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	600004422566--6 -06/15/01--01064--019 *****55.00 *****55.00
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9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM PROTO, RONALD W 1904 RHONDA DRIVE TALLAHASSEE FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Ronald W. Proto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: <i>4-27-01</i> Date	DAYTIME PHONE: Daytime Phone #
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CR2E083 (11/00)