

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115634

1. Entity Name

PROTEK COOL LIQUID SIDING, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90088 029 ***150.00

Principal Place of Business

Mailing Address

4136 POLK AVE 3750 Diamond
PACE FL 32571

4136 POLK AVE
PACE FL 32571

2. Principal Place of Business

3750 Diamond St.

3. Mailing Address

Same 3750 Diamond St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pace

City & State

FL

Zip

32571

Country

USA

Zip

32571

Country

4. FEI Number

59-3687535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSTON, GARY W
125 W ROMANA, STE 800
PENSACOLA FL 32501

Name
Evelyn Kay Smith

Street Address (P.O. Box Number is Not Acceptable)

3750 Diamond St.

City

Pace

FL

Zip Code

32571

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 *Evelyn Kay Smith*

Evelyn Kay Smith

4-15-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 *President / Secretary / CEO* ☐ Delete
NAME *Evelyn Kay Smith*
STREET ADDRESS *4136 Polk Ave*
CITY-ST-ZIP *Pace, FL 32571*

TITLE *Vice-President / Director* ☐ Change ☒ Addition
NAME *NORMAN C. Smith*
STREET ADDRESS *4136 Polk Ave*
CITY-ST-ZIP *Pace, FL 32571*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Evelyn Kay Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01
Date

850/995-9195
Daytime Phone #

CR2E034 (10/00)