

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
 03-28-2002 90135 043 ***150.00

RECEIVED
 AV

DOCUMENT # P01000019014

1. Entity Name
PROTEA CONSULTING INC.

Principal Place of Business
3071 SEAN WAY
PALM HARBOR FL 34684

Mailing Address
3071 SEAN WAY
PALM HARBOR FL 34684

2. Principal Place of Business
3071 SEAN WAY
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 61
 Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
DUNEDIN, FL

4. FEI Number
59-3697336

Applied For
 Not Applicable

Zip
34684 Country
USA

Zip
34697 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROSSMANN, IVAN D
3071 SEAN WAY
PALM HARBOR FL 34684

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 *Ivan D. Rossman* *I. Rossman (PRESIDENT)* *2/25/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

If 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, 2002 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

TITLE **PRESIDENT** ☐ Delete
 NAME **IVAN ROSSMANN**
 STREET ADDRESS **3071 SEAN WAY**
 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Ivan D. Rossman* *PRESIDENT* *2/25/02* *(TEL) 365-5554*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)