

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90421 005 ***150.00

DOCUMENT # P01000082501

1. Entity Name

PRO-TEK D & A SERVICES, INC.
PRO-TEK Occupational Health Svcs, Inc.

Principal Place of Business

707 MULLETT RD., STE. 112
CAPE CANAVERAL FL 32920

Mailing Address

707 MULLETT RD., STE. 112
CAPE CANAVERAL FL 32920

2. Principal Place of Business

677 DAVE NISBET DR. #101
Suite, Apt. #, etc.
CAPE CANAVERAL, FL
City & State

3. Mailing Address

677 DAVE NISBET DR. #101
Suite, Apt. #, etc.
CAPE CANAVERAL, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3739454

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSS, MARILYN J

707 MULLETT RD., STE. 112
CAPE CANAVERAL FL 32920
CAPE CANAVERAL, FL
32920

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

Marilyn J Ross

President

4/12/02

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, 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 **PD** ☐ Delete
NAME **ROSS, MARILYN J**
STREET ADDRESS **5130 MELODY ST.**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **VD** ☐ Delete
NAME **ROSS, DURWOOD L**
STREET ADDRESS **5130 MELODY ST.**
CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Marilyn J Ross

4/12/02

President

321-868-3949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)