

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90041 002 ***150.00

DOCUMENT # P01000099070

1. Entity Name
CORPROTECT, INC.

Principal Place of Business
450 E LAS OLAS BLVD SUITE 700
FORT LAUDERDALE FL 33301

Mailing Address
450 E LAS OLAS BLVD SUITE 700
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1314 E. Las Olas Boulevard

3. Mailing Address
1314 E. Las Olas Boulevard

Suite, Apt. #, etc.

Suite 178

City & State

Fort Lauderdale, FL

Zip
33301

Country

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4. FEI Number
65-1145187

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

BLOSSER, JAMES J
450 E LAS OLAS BLVD SUITE 700
FORT LAUDERDALE FL 33301

Name
Dan L. Vaniman
 Street Address (P.O. Box Number is Not Acceptable)
880 Natures Cove Road
 City
Dania Beach FL Zip Code
33004

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 *Dan L. Vaniman* *4-27-02*
 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERWENS, JOSEPH C			NAME			
STREET ADDRESS	6746 NW 66TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANIMAN, DAN L			NAME			
STREET ADDRESS	880 NATURES COVE ROAD			STREET ADDRESS			
CITY-ST-ZIP	DANIA BEACH FL 33004			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOSSER, JAMES J			NAME			
STREET ADDRESS	1761 SE 9TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POOLE, VAN B			NAME			
STREET ADDRESS	8108 PRESERVATION ROAD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINLEY, WILLIAM I			NAME			
STREET ADDRESS	2850 ROYAL ISLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Dan L. Vaniman* *4-27-02* 954-525-3089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)