


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000049618**

1. Entity Name
PROTECHNALLS INC.



FILED

03 APR -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000015475530
04/08/03--01072--005 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12870 TRADEWAY FOUR
Suite, Apt. #, etc.
Suite 111
City & State
Bonita Springs FLORIDA
Zip
34135 Country
United States

3. Mailing Address
12870 TRADEWAY FOUR
Suite, Apt. #, etc.
Suite 111
City & State
Bonita Springs, FLORIDA
Zip
34135 Country
U.S.A.

4. FEI Number
03-0434394

Applied For
☐ Not Applicable

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Diep Doan
Street Address (P.O. Box Number is Not Acceptable)
12870 TRADEWAY FOUR STE 111
Bonita Springs
City
Bonita Springs FL Zip Code
34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ **Diep H Doan** DATE **Apr 03 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIEP DOAN 12870 TRADEWAY FOUR STE 111 BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ **Diep H Doan** DATE **Apr 03 03 (239-447-8182)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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