## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000065155 DOCUMENT #

1. Entity Name

PRO-TECH APPLIANCES INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90061 044 \*\*\*150.00

Principal Place of Business 3600 OLEANDER AVE SUITE D FT.PIERCE FL 34982		3600	Mailing Address 3600 OLEANDER AVE., SUITE D FT.PIERCE FL 34982							
2. Principal Place of Business			3. Mailing Address					<b>ir</b> i 11111 lital i	11111 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			& State		4.	FEI Number 06.19782		oplied For		
Zip	ip Country		Zip		Country			8.75 Add	litional	
<del> </del>	6. Name and Address of Curre	nt Register	ed Agent			7, 1	7. Name and Address of New Registered Agent			
					Name					
DIMMETT, THOMAS A			Street Address (f			ss (P.O. B	P.O. Box Number is Not Acceptable)			
3600 OLEANDER AVE., SUITE D										
FT.PIERCE	FL 34982									
					City		FL	Zip Cod	е	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
;			T							
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND DIRECTORS			11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	\$ IN 11	
TITLE	PD		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME	DIMMETT, THOMAS A									
STREET ADDRESS CITY-ST-ZIP	3600 OLEANDER AVE., SUITE FT.PIERCE FL 34982	ט								
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CITY-ST-ZIP					-ST-ZIP					
indicated of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an address	t is true and powered to	accurate and that execute this report	r the exe ny signa as requi	emption stated in ture shall have the red by Chapter	Section he same 607, Flori	119.07(3)(i), Florida Statutes. I further cert legal effect as if made under oath; that I ar ida Statutes; and that my name appears in	fy that the in n an officer Block 10 or	nformation or director Block 11 if	

SIGNATURE:

SIGNATIAL ACTURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #