

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91762 011 \*\*\*150.00

0001072 AT

**DOCUMENT # P02000131830**

1. Entity Name

PROTECTO SERVICES, INC.



Principal Place of Business

162 VIOLET CIRCLE  
INTERLACHEN FL 32148

Mailing Address

162 VIOLET CIRCLE  
INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

99 Lincoln Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, Fla.

Zip

Country

Zip

Country

32137

USA

4. FEI Number

82-0575261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POWERS, ROBERT  
162 VIOLET CIRCLE  
INTERLACHEN FL 32148

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. 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

**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.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME PRES  
POWERS, ROBERT  
STREET ADDRESS 162 VIOLET CIRCLE  
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE NAME VP  
RUSSO, JILL  
STREET ADDRESS 9 LINCOLN WAY  
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE NAME SEC  
POWERS, JOHNNY  
STREET ADDRESS 162 VIOLET CIRCLE  
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ~~SIGNATURE REQUIRED~~**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

386-447-7511

Daytime Phone #

CR2E034 (10/02)