FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVEL ANE FLEE

DOCUMENT	#	P94000009569

1. Entity Name

Zip 33762

FLORIDA PRO-TECH SERVICES, INC.

02 APR -9 FH 5:00

SECRETARY OF STATE

DO	NOT	WRITE	IN THIS	SPACE

2. Principal Place of Business 12605 Automobile Blvd.	3. Mailing Address 12605 Automobile Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	95
City & State Clearwater, FL	Clearwater, FL	4. FEI Number 593225517

Zip 33762 DO NOT WRITE IN THIS SPACE

J9344JJ11		140t Applicat
5. Certificate of Status Desired		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Hedley V. Howlett, III
Street Address (P.O. Box Number is Not Acceptable) 2152 Beverly Lane

	City Clearwater	FL
8.	The abdye named entity subplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	

SIGNATURE Signature, typed or guard name of registered agent and title if appl

Country

US

Hedley V. Howlett, III

(NOTE: Registered Agent signature required when reinstating)

Country

US

March

, 2002

DATE

33763

 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61.25
Make Check Pavable to Department of State

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

Applied For

Make Check Payable to Department of Stat				
11.	OFFICERS AND DI	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D HOWLETT, III, HEDLEY 2152 BEVERLY LANE CLEARWATER, FL 33763	V	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S	ntle Name Street address City-St-Zip	5000054198952 -05/02/0201022003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N	itte Iame Street Address City-St-Zip	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M	TITLE ! IAME ! STREET ADDRESS CITY-ST-ZIP !	
TITLE NAME STREET ADDRESS	·	M	TITLE VAME STREET ADDRESS	

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

HECLEY V. HO

Hedley V. Howlett, III, Pres.

<u>3/ /02 727/</u>

Daytime Phone #

3R2E034B (12/0