

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 OF 2  
0041159

DOCUMENT # P94000056343

FILED

1. Entity Name  
**PROTEC DETAILING, INC.**

00 MAY 25 PM 12:24

Principal Place of Business  
1015 ATLANTIC BLVD.  
#133  
ATLANTIC BEACH FL 32233

Mailing Address  
1015 ATLANTIC BLVD.  
#133  
ATLANTIC BEACH FL 32233-313

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
535 14<sup>TH</sup> AVE. N.  
Suite, Apt. #, etc.

3. Mailing Address  
535 14<sup>TH</sup> AVE. N.  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE BEACH, FL

City & State  
JACKSONVILLE BEACH, FL

Zip  
32250

Country  
U.S.A.

Zip  
32250

Country  
U.S.A.

4. FEI Number 59-3257689

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROBERTSON, LANCE J**  
1015 ATLANTIC BLVD #133  
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
535 14<sup>TH</sup> AVE. N.  
City JACKSONVILLE BEACH FL Zip Code 32250

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 *[Signature]* LANCE J. ROBERTSON 4-15-2000  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROBERTSON, LANCE J 1015 ATLANTIC BLVD #133 ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTSON, KENDRA N 1015 ATLANTIC BLVD #133 ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROBERTSON, LANCE J 535 14 <sup>TH</sup> AVE. N. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTSON, KENDRA N. 535 14 <sup>TH</sup> AVE. N. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* LANCE J. ROBERTSON 4-15-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2082

# TAX ADVANTAGE

Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

**JAMES K. REESE, EA**  
**RICHARD L. ROSS, EA**

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

June 6, 2000

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

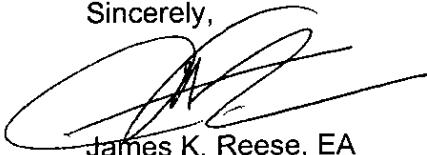
Re: Protec Detailing, Inc. - 2000 Uniform Business Report

Dear Sir or Madam:

Please find the enclosed 2000 Uniform Business Report for the above referenced Taxpayer and Check for \$150.00. We are asking your assistance in filing this report due to the return of 2000 Uniform Business Report from the U.S. Mail Service. Apparently, The Taxpayer mailed the report without enough postage. The document was returned to the Taxpayer approximately 3 weeks from his original filing date. The Taxpayer they brought the report to our firm and asked if we could assistance them in submitting this correspondence. We request your assistance in the acceptance of this report without any penalties or interest.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:  
2000 Uniform Business Report  
Check for \$150.00

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*