

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

0021376

**DOCUMENT # P94000056343**

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

05-30-2001 90027 008 \*\*\*150.00

Principal Place of Business      Mailing Address  
**535 14TH AVENUE NORTH**      **535 14TH AVENUE NORTH**  
**JACKSONVILLE BEACH FL 32250**      **JACKSONVILLE BEACH FL 32250**

**772043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**535 14TH AVENUE N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

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

7. Name and Address of New Registered Agent

**ROBERTSON, LANCE J**  
**535 14TH AVENUE NORTH**  
**JACKSONVILLE BEACH FL 32250**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**       Delete  
 NAME **ROBERTSON, LANCE J**  
 STREET ADDRESS **535 14TH AVENUE NORTH**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **DV**       Delete  
 NAME **ROBERTSON, KENDRA N**  
 STREET ADDRESS **535 14TH AVENUE NORTH**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE \_\_\_\_\_       Change       Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_       Delete  
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 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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: *Lance J. Robertson*      **LANCE J. ROBERTSON**      **4-25-2001**      **(904) 247-7804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)