

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90034 015 \*\*\*150.00

**DOCUMENT # P94000093516**

1. Entity Name

**PROVECTOR, INC.**

Principal Place of Business

Mailing Address

3181 SW 53RD AVE  
 FT LAUDERDALE FL 33314  
 US

3181 SW 53RD AVE  
 FT LAUDERDALE FL 33314-1946  
 US

2. Principal Place of Business

3. Mailing Address

3181 SW 53 AVE.  
 Suite, Apt. #, etc.

3181 SW 53 AVE.  
 Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUD. FL

4. FEI Number

65-0547901

Applied For

Not Applicable

Zip

Country

33314 USA

Zip

Country

33314 USA

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

LIPSON, SAUL B  
 1515 UNIV DR  
 S 222  
 CORAL SPRINGS FL 33071

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

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. (See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D DEEN, LANCE**  
 STREET ADDRESS **3181 SW 53RD AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANCE DEEN 3-6-00

Date

Daytime Phone #

CR2E034 (9/99)