

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90055 045 ***150.00

DOCUMENT # P95000000722

1. Entity Name

PROTRONICS "YOUR ELECTRONICS REPAIR CENTER", INC

Principal Place of Business

Mailing Address

868 BLANDING BLVD.
STE. 102
ORANGE PARK FL 32065
US

868 BLANDING BLVD.
STE. 102
ORANGE PARK FL 32065-6286
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3289913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAHR, GARY
868 BLANDING BLDV.
STE. 102
ORANGE PARK FL 32065

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 **P** ☐ Delete
NAME **BAHR, GARY**
STREET ADDRESS **868 BLANDING BLVD., STE. 102**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **S.** ☐ Change ☒ Addition
NAME **ANGELA BAHK**
STREET ADDRESS **868 BLANDING BLVD #102**
CITY-ST-ZIP **ORANGE PK 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V. PRESIDENT**
STREET ADDRESS **GLEN DAVIS**
CITY-ST-ZIP **868 BLANDING BLVD #102**
ORANGE PK. FL. 32065

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

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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: Gary Bahr **GARY BAHR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-00

Date

904-276-7186

Daytime Phone #

CR2E034 (9/99)