

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000055221

1. Entity Name

PROTON ELECTRICAL SYSTEMS, INC.

FILED

02 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 Whitney Ave.

3. Mailing Address

510 Whitney Ave.

Suite, Apt. #, etc.
A-8

Suite, Apt. #, etc.
A-8

DO NOT WRITE IN THIS SPACE

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

65-0592602

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Schneider, Joan M

Street Address (P.O. Box Number is Not Acceptable)

4682 Oak Terrace Dr

City

Lake Worth

FL

Zip Code

33463

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

Joan M Schneider Joan M Schneider, President

7/1/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
Schneider, Joan M
4682 Oak Terrace Drive
Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500006329305--96
-07/11/02--01033--021
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Schneider, Patrick
4646 Blue Pine Circle
Lake Worth, FL 33463

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Joan M Schneider Joan M Schneider 6/6/02 (501) 577-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

js 7/1/02