

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90120 024 ***150.00

DOCUMENT # P95000078040

1. Entity Name
PROTECTIVE RESOURCES INTERNATIONAL, INC.

Principal Place of Business

**308 GOLFVIEW RD
 405-W
 NO. PALM BEACH FL 33408
 US**

Mailing Address

**308 GOLFVIEW ROAD
 405-W
 NO. PALM BEACH FL 33408
 US**

2. Principal Place of Business

**1601 US HWY 441 S.E.
 Suite, Apt. #, etc.
 LOT 42**

3. Mailing Address

**1601 US HWY. 441 S.E.
 Suite, Apt. #, etc.
 LOT 42**

City & State

OKEECHOBEE, FL

Zip Country
34974 US

City & State

OKEECHOBEE, FL

Zip Country
34974 US

4. FEI Number **65-0620270**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SNOW III, ELMER L.
 308 GOLFVIEW RD
 APT 405-W
 NO. PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name
ELMER L. SNOW, III
 Street Address (P.O. Box Number is Not Acceptable)
1601 U.S. HWY. 441 S.E., LOT 42
 City **OKEECHOBEE** **FL** Zip Code **34974**

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 *Elmer L. Snow III* **ELMER L. SNOW III** **4-28-2002**
 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, 2002 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	S <input type="checkbox"/> Delete
NAME	SNOW, DONNA
STREET ADDRESS	308 GOLFVIEW RD. #405-W
CITY-ST-ZIP	NO. PALM BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, DONNA
STREET ADDRESS	1601 US HWY. 441 S.E., LOT 42
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elmer L. Snow III* **ELMER L. SNOW III** **863-467**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 16-1 Daytime Phone 2887

CR2E034 (9/01)