

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049472

1. Entity Name

PRO-TECH DATA SERVICES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90032 036 ***150.00

Principal Place of Business

2660 SLOW FIGHT DRIVE
DAYTONA BEACH FL 32124

Mailing Address

2660 SLOW FIGHT DRIVE
DAYTONA BEACH FL 32124

2. Principal Place of Business

5259 S. Nova Rd.

Suite, Apt. #, etc.

3. Mailing Address

5259 S. Nova Rd.

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

59-3374474

Applied For

Not Applicable

Zip

32127

Country

Zip

32127

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

SNOWDEN, GREGORY P
2660 SLOW FIGHT DRIVE
DAYTONA BEACH FL 32124

Name

Harriet G. Shapiro

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

7800 Red Road, Suite 115

City

South Miami

FL

Zip Code
33143

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

Harriet G. Shapiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	SNOWDEN, GREGORY P	
STREET ADDRESS	2660 SLOW FIGHT DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISBERG, STEVE	
STREET ADDRESS	20011 NW 2ND STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY SNOWDEN	
STREET ADDRESS	6319 EAST EXETER BND	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/2000

Daytime Phone #

954
442-3505

CR2E034 (9/99)