

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90130 043 \*\*\*150.00

**DOCUMENT # P97000001318**

1. Entity Name

**PROTEC SECURITY COMPANY**

Principal Place of Business

**2360 HASSELL ROAD  
 HOFFMAN ESTATES IL 60195**

Mailing Address

**2360 HASSELL ROAD  
 HOFFMAN ESTATES IL 60195**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-4122933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENSEN, RICHARD  
 29061 TORTISE TRAIL  
 PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PS** ☐ Delete  
 NAME **FULLER, JESSE J**  
 STREET ADDRESS **1992 BLACKBERRY**  
 CITY-ST-ZIP **HOFFMAN ESTATES IL 60195**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

**JESSE FULLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/14/02 847-310-1402**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

# ProTec

**SECURITY CO.**

2360 HASSELL ROAD  
HOFFMAN ESTATES, IL 60195

847-310-1400  
FAX: 847-310-1239

P97000001318  
122156

July 16, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

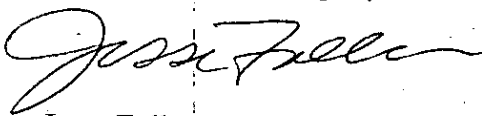
This letter is in reference to our 2002 Uniform Business Report, which was initially mailed out to you on April 17, 2002 along with a check for \$150.00 (see attached copies).

We have recently received a notice stating that you did not receive this. We spoke to your office this morning and they said to fill out this second report and include another check for \$150.00.

The original check that was sent out to you on April 17, 2002 will be cancelled with our bank.

Should you have any questions please contact us. Thank you.

Sincerely,  
ProTec Security Company



Jesse Fuller  
President

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000001318**

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**PROTEC SECURITY COMPANY**

Principal Place of Business  
**2380 HASSELL ROAD  
HOFFMAN ESTATES IL 60195**

Mailing Address  
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HOFFMAN ESTATES IL 60195**

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-4122933**

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Not Applicable

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City

**FL**

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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, 2002 Fee will be \$650.00  
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

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>FULLER, JESSE J<br/>1992 BLACKBERRY<br/>HOFFMAN ESTATES IL 60195</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE:

**SIGNATURE REQUIRED** **JESSE FULLER**

**4/17/02 847-30-1402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024 10/01

Attachment  
# P97000001318  
122156

**PROTEC SECURITY CO.**  
2360 HASSELL RD.  
HOFFMAN ESTATES, IL 60195

9089

APRIL 17<sub>20</sub> 02


70-1946/719

PAY TO THE  
ORDER OF

DEPARTMENT OF STATE

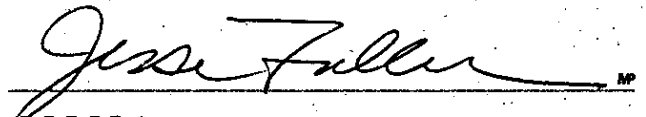
\$ 150.00

ONE HUNDRED FIFTY AND 00/100\*\*\*\*\* DOLLARS

 Security Features  
are indicated  
on the back.

**HARRIS BANK, BARRINGTON N.A.**  
201 S. GROVE AVE.  
BARRINGTON, ILLINOIS 60010

FOR FEIN 36-4122933

 MP

⑈009089⑈ ⑆071919463⑆ ⑈036⑈22223⑈