

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90028 023 ***150.00

DOCUMENT # P97000069058

1. Entity Name

PRO-TECH PLUMBING AND INSTALLATIONS, INC.

Principal Place of Business

Mailing Address

**1462 HEIMAN AVE.
 FT. MYERS, FLA. 33905**

**1462 HEIMAN AVE.
 FT. MYERS, FLA. 33905**

2. Principal Place of Business

3. Mailing Address

504 CENTER RD.

P.O. BOX 6924

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT A-2

City & State

FT. MYERS, FLA. 33911

City & State

FT. MYERS, FLA. 33911

Zip

33911

Country

LEE

Zip

33911

Country

LEE

4. FEI Number

65-0771631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICANOR SANCHEZ
 1462 HEIMAN AVE.
 FT. MYERS, FLA. 33905**

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 NICANOR SANCHEZ
 1462 HEIMAN AVE.
 FT. MYERS, FLA. 33905** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 KEVIN JONES
 2917 26th ST SW
 LEHIGH ACRES, FL. 33971** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SECRETARY
 JAIME CARRILLO
 619S.E.3rd ST.
 CAPE CORAL, FL. 33990** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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

MARCH 12, 2001

Date

(941) 277-9111

Daytime Phone #

CR2E034 (11/00)