

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90037 041 ***150.00

U.S. 255
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DOCUMENT # P97000073688

1. Entity Name
PRO-TEC DEALER SERVICES, INC.

Principal Place of Business
**6745 PHILLIPS INDUSTRIAL BLVD.
 JACKSONVILLE FL 32256**

Mailing Address
**6745 PHILLIPS INDUSTRIAL BLVD.
 JACKSONVILLE FL 32256**

80018159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **13400 S. SUTTON PARK DR.** 3. Mailing Address **13400 S. SUTTON PARK DR.**

Suite, Apt. #, etc. **1201** Suite, Apt. #, etc. **1201**

City & State **Jacksonville, FL** City & State **Jacksonville, FL**

Zip **32224** Country **US** Zip **32224** Country **US**

4. FEI Number **59-2984950** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**STEWART, DEREK A
 6745 PHILLIPS IND. BLVD
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
 Name **DEREK SIEWERT**
 Street Address (P.O. Box Number is Not Acceptable) **13400 S. SUTTON PARK DR.**
SUITE 1201
 City **Jacksonville** FL Zip Code **32224**

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 *Derek A. Stewart, president*

DATE **1/17/02**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SIEWERT, DEREK 6745 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED DEREK A. SIEWERT* / 1/17/02 904-223-2150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Daytime Phone #

CR2E034 (9/01)