

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90086 029 ***158.75

DOCUMENT # P97000073688

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



Principal Place of Business
**13400 S SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224
US**

Mailing Address
**13400 S SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224
US**

300139444



2. Principal Place of Business
**13901 S. Sutton Park Dr
Suite, Apt. #, etc.
#120**

3. Mailing Address
**13901 S. Sutton Park Dr
Suite, Apt. #, etc.
#120**

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL
Zip
32224
Country
US

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Jacksonville, FL
Zip
32224
Country
US

4. FEI Number **59-2984950 59-3467724** 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
13400 S SUTTON PARK DRIVE
SUITE 1201
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **DEREK SIEWERT**
Street Address (P.O. Box Number is Not Acceptable)
13901 S. Sutton Park Dr.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Derek A. Stewart, registered Agent** **DEREK A. SIEWERT** **1/3/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIEWERT, DEREK 13901 S. Sutton Park Dr. #120 Jacksonville, FL 32224	<input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02 **904-223-2150**
Date Daytime Phone #

CR2E034 (10/02)