## FILED Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90053 024 \*\*\*350.00 **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P970  1. Entity Name PROTON AEROSPACE CORPO	
Principal Place of Business	Mailing Address
6153 ADAM ST PALM BEACH GARDENS FL 33418	6153 ADAM ST PALM BEACH GARDENS FL 33418
2. Principal Place of Business 6153 ADAM ST	3. Mailing Address 6/53 ADAM ST.

Principal Plac	ce of Business	Mailing Address						
6153 ADAM ST PALM BEACH (	•					<del></del>		
2. Principal F	Place of Business , AD AM ST.	3. Mailing Address 6/53 ADAM	CT	_			A	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT W	/RITE IN THIS S	PACE	
- City & Stat		- City & State TER,	FL	4. FEI I	Number 65-07839	917		oplied For
Zip 334	S8 Country USA	<sup>Zip</sup> 33458	Country U.S. A	5. Cert	ificate of Status Desire		8.75 Add ee Require	
	6. Name and Address of Current R	legistered Agent		7. Nam	e and Address of Nev	w Registered A	gent	•
			Name	VIANN.	AS CHRÍ	`s		
	NAS, CHRIS		Street Add	/ / / / /	Number is Not Accepta			
	ADAM ST				<u> </u>			
PALN	M BEACH GARDENS FL 33418		615	3 AOA.	M 57			
			City 7	upitE	R	FL	Zip- <del>Cg</del> d	2468
							) 2	J7 70
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	gistered agent,	or both, in the State of	Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature re	equired when reinsta	ting)	DATE		
		EU E NOW!	H FFF IO 6450 00			,		
	pration is eligible to satisfy its Intangible		!! FEE IS \$150.00	.00 1	0. Election Campaign	• –	\$5.0	O May Be
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		01 Fee will be \$550	.00	Election Campaign     Trust Fund Contribu	• –	\$5.0 Added	<b>0</b> May Be I to Fees
Tax filing r (See criter	requirement and elects to do so.	After MAY 1, 20 Make Check Payab	01 Fee will be \$550	.00 f State	Trust Fund Contribu	ution.	Added	I to Fees
Tax filing r	equirement and elects to do so.	After MAY 1, 200 Make Check Payab	01 Fee will be \$550 le to Department of	.00 f State		OFFICERS AND	Added	I to Fees
Tax filing r (See criter	requirement and elects to do so. ria on back)  OFFICERS AND D	After MAY 1, 20 Make Check Payab	01 Fee will be \$550 le to Department of 12.	.00 f State	Trust Fund Contribu	OFFICERS AND	Added	I to Fees S IN 11
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Tax filing r (See criter 11. TITLE NAME	orequirement and elects to do so.  OFFICERS AND D  DV  SHEEHAN, PATRICK	After MAY 1, 200 Make Check Payab	01 Fee will be \$550 le to Department of  12.  TITLE  NAME	.00 f State	Trust Fund Contribu	OFFICERS AND	Added	I to Fees S IN 11
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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 appeadress, with all other like empowered.