

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092211

1. Entity Name

PROTECTIVE RESEARCH GROUP. INCORPORATED

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90029 024 \*\*\*150.00

Principal Place of Business	Mailing Address
ONE INDEPENDENT DR. S-3303 JACKSONVILLE FL 32202	ONE INDEPENDENT DR. S-3303 JACKSONVILLE FL 32202-5027

2. Principal Place of Business	3. Mailing Address
1740 manning st.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Jacksonville FL	
Zip	Country
32207	Duval

4. FEI Number	59-3541513	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KIRCHER, SALLY J ESQ ONE INDEPENDENT DR., S-3303 JACKSONVILLE FL 32202

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.

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, LEE	NAME	
STREET ADDRESS	229 PATRICK MILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32982	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, WADE	NAME	
STREET ADDRESS	229 PATRICK MILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32982	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFLEUR, NICHOLAS	NAME	
STREET ADDRESS	8715 BELLE RIVE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Wade M Knapp  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 904-285-8520  
Date Daytime Phone #