

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90015 028 ***158.75

B0085201

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000004287
1. Entity Name
Pro-Tech Lightning Security of Florida, Inc**Principal Place of Business** **Mailing Address**
8910 Collins Avenue Apartment #6
Miami Beach Florida 33154**2. Principal Place of Business** **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country**4. FEI Number** 65-0901167 **Applied For**
☒ **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
Steve Secary
8910 Collins Ave #6
Miami Beach Florida 33154**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]* **DATE** April 20, 2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)**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, 2000 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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hereford		NAME		
STREET ADDRESS	8910 Collins Ave #6		STREET ADDRESS		
CITY-ST-ZIP	Miami Beach FL 33154		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		
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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 of 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** April 20, 2000 **Daytime Phone #** 305 868-9555