

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044027

1. Entity Name

PRO-TECH INDUSTRIAL DISTRIBUTION, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90045 018 ***150.00

Principal Place of Business

Mailing Address

9588 TAVERNIER DRIVE
BOCA RATON FL 33496

9588 TAVERNIER DRIVE
BOCA RATON FL 33496-2104

2. Principal Place of Business

3. Mailing Address

19269 SKYRIDGE CIRCLE

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

City & State

4. FEI Number

65-0922889

Applied For

Not Applicable

33498

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIELMAN, MICHAEL S
9588 TAVERNIER DRIVE
BOCA RATON FL 33496

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

Michael S. Dielman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MICHAEL S. DIELMAN
19269 SKYRIDGE CIRCLE
BOCA RATON FL 33498

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Michael S. Dielman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 561-487-1845

Date

Daytime Phone #