

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90067 031 ***150.00

DOCUMENT # P99000055565

1. Entity Name
REEL PROTECTION INC.

Principal Place of Business Mailing Address
~~2060 NW 22ND AVE~~ PO BOX 1682
 MIAMI FL 33142 HALLANDALE FL 33008-1682

00018871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1990 NE 163 STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.
#108

City & State City & State
NORTH MIAMI Bch., FL

Zip Country Zip Country
33162 DADE

4. FEI Number **65-0948536** Applied For
 Not Applicable

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

LASSETER, KENNETH C III
2060 NW 22ND AVE
~~MIAMI FL 33142~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
1990 N.E. 163 STREET
#108
 City **NORTH MIAMI BEACH** FL Zip Code **33162**

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]* PRES. DATE **02-14-01**
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, 2001 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	PD LASSETER, KENNETH C III PO BOX 1682 HALLANDALE FL 33008-1682 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* PRES. **KENNETH C. LASSETER, III** DATE **02-14-01** **305-233-7113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FAX **305-948-8885**

CR2E034 (10/00)