

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90293 033 ***150.00

DOCUMENT # P99000082136

1. Entity Name

PROTECTION PROVIDERS AGENCY INC.

Principal Place of Business

**713 S. ORANGE AVE., STE. C
 SARASOTA FL 34236**

Mailing Address

**713 S. ORANGE AVE., STE. C
 SARASOTA FL 34236**

BOOSOMY 68



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

253 Royal Poinciana Way
 Suite, Apt. #, etc.
Suite 5

3. Mailing Address

253 Royal Poinciana Way
 Suite, Apt. #, etc.
Suite 5

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

65-0957284

Applied For

Not Applicable

Zip

33480

Country

Zip

33480

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RANSBERGER, JULIE
 5911 MIDNIGHT PASS RD., #401
 SARASOTA FL 34242**

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) ☐

**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

TITLE **P** ☐ Delete
 NAME **RANSBERGER, JULIE**
 STREET ADDRESS **5911 MIDNIGHT PASS RD #407**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VP** ☐ Delete
 NAME **RANSBERGER, JOSEPH**
 STREET ADDRESS **5911 MIDNIGHT PASS RD #401**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Joseph D. Ransberger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 561-659-7804
 Date Daytime Phone #

CR2E034 (10/00)