

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90141 010 \*\*\*158.75

**DOCUMENT # P99000082294**

1. Entity Name  
**PRO-TECH ELECTRICAL CONTRACTORS, INC.**

Principal Place of Business

501 S.W. 76TH AVENUE  
N. LAUDERDALE FL 33068

Mailing Address

501 S.W. 76TH AVENUE  
N. LAUDERDALE FL 33068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6041 Kimberly Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite D

City & State  
N. Lauderdale, FL

City & State

Zip  
33068

Country  
brwd

Zip

Country

4. FEI Number  
65-0953047

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMOUREUX, SHAWN  
501 S.W. 76TH AVENUE  
N. LAUDERDALE FL 33068

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

shawn lamoureux x / Pres.

01-18-02  
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, 2002 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	<input type="checkbox"/> Delete
NAME	LAMOUREUX, SHAWN	
STREET ADDRESS	501 S.W. 76TH AVENUE	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAWKINS, ROGER D JR	
STREET ADDRESS	10672 KATMAN DU COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	*please chg. address
TITLE	T/S	<input type="checkbox"/> Delete
NAME	LAMOUREUX, MICHELLE	
STREET ADDRESS	501 SW 76 AVE	*pls correct spelling
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	805 S. Monterey Cir.	
CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lamoureux, Michelle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Michelle Lamoureux*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02  
Date

(954)  
970-4613  
Daytime Phone #

CR2E034 (9/01)