

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0592997 AV

DOCUMENT # P99000092841

1. Entity Name  
PROTECTION CONSULTANTS, INCORPORATED



FILED

03 OCT -6 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 652  
GOTHA FL 34734

Mailing Address  
P.O. BOX 652  
GOTHA FL 34734

2. Principal Place of Business

8400 The Esplanade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32836

Country

Orange

Country

4. FEI Number

59-3605459

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARGREAVES, MICHAEL  
2637 ELWICK ST.  
OCFEE FL 34764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8400 The

Esplanade

City

Orlando

FL

Zip Code

32836

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

700023588477

10/06/03--01069--008 \*\*158.75

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARGREAVES, MICHAEL A  
P.O. BOX 652  
GOTHA FL 34734 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 407 996-1313

Date

Daytime Phone #

CR2E034 (10/02)

# Protection Consultants Incorporated

P.O. Box 652  
Gotha, Florida 34734

Phone: (407) 443-7493

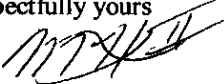
E-mail: [PCI.Orlando@aol.com](mailto:PCI.Orlando@aol.com)

June 18, 2002

To who it may concern:

In late May I checked my corporation on line after registering Air Safety International and found I should have received a UBR in the mail but never did. After talking to the Florida department of corporations office they requested I add this letter in order to explain the reason for not filing on time and to ask for the late fee to be waived.

Thanking you in advance.  
Respectfully yours



Mike Hargreaves/P.C.I.

# Protection Consultants Incorporated

P.O. Box 652  
Gotha, Florida 34734

Phone: (407) 443-7493

E-mail: *PCI Orlando @ aol.com*


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September 8, 2003

To who it may concern:

I sent my payment in on time and was asked to submit a letter stating this in 2002. After the check was cashed I called again and was told the letter must have got separated from the check. After no change was made my bookkeeper noticed an unpaid letter and paid the late amount on top of my first non-late payment. I am asking for those fees to be refunded or put towards my 2003-filing fee.

Respectfully yours

  
Mike Hargreaves.  
President of P.C.I