

5/14/01

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90235 045 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107238

1. Entity Name

PROTECTIVE POWER PRODUCTS (P3), INC.

Principal Place of Business

Mailing Address

1049 SPRING LANDING DRIVE  
WINTER GARDEN FL 347871049 SPRING LANDING DRIVE  
WINTER GARDEN FL 34787

2. Principal Place of Business

30754 PRESTWICK AVE

Suite, Apt. #, etc.

3. Mailing Address

30754 PRESTWICK AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

MT. PLYMOUTH, FL

City &amp; State

MT. PLYMOUTH, FL

4. FEI Number

59-3614978

Applied For

Not Applicable

Zip

32776

Country

USA

Zip

32776

Country

USA

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

6. Name and Address of Current Registered Agent

O'NEIL, JAMES P  
1049 SPRING LANDING DRIVE  
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

DONN, DAVID

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

30754 PRESTWICK AVE.

City

MT. PLYMOUTH

FL

Zip Code

32776

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

JAMES P. O'NEIL

04-29-01

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

(NOTE: Registered Agent signature required when resigning)

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                      | <input type="checkbox"/> Delete            |
| NAME           | DONN, DAVID            |  |
| STREET ADDRESS | 30759 PRESTWICK AVE    |  |
| CITY- ST- ZIP  | MT PLYMOUTH FL 32776   |  |
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | O'NEIL, JAMES P        |  |
| STREET ADDRESS | 1049 SPRING LANDING DR |  |
| CITY- ST- ZIP  | WINTER GARDEN FL 34787 |  |
| 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  |                        |  |
| 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 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  |   |
| 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:

04-29-01

Date

407-656-8598

Daytime Phone #

CR2E034 (10/00)

attachment  
ID# P99000107238  
49717

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DAVID DOWN

(Name of registered agent)

hereby resigns as Registered Agent for Protective Power Products Inc

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

David Down

(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

attachment  
ID# P99600107238  
49717

### OFFICER / DIRECTOR RESIGNATION

I, DAVID DOWN, hereby resign as PRESIDENT  
(Title)  
of PROTECTIVE POWER PRODUCTS (P3), INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

David Down  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**